STATE OF MARYLAND—	CERTIFICATE OF DEATH 12090
1. PLACE OF DEATH	(48)
County J. News U.	Registration Dist. No. 2 3 8
Village or City Oluchie	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME mar a aret Elizabeth	Beall If U. S. Veteran, specify WAR
(a) Residence: No. Pritchie Marolland.	St., Ward.
(Usual place of aboth)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widgwed	21. DATE OF DEATH (Month) (Day) (Year)
56. If merriad, widowed, or divorced HUSBARD of Cor) WIFE of Trving Woodbury Beall	22. HEREBY CERTIFY, That I attanded dacaased from
6. DATE OF BIRTH (month, day, end year) Cut 8 1879	I last saw h. D. elive on N.50 H 19.37 : death is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the deta stated above, at 11,48 Pm.
58 2 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Leionyosar coma uterus Nov II !
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupation (month and year) 1237 spant in this occupation 96	
12. BIRTHPLACE (city or town) me a down (State or country (Chaleo Co) Marylana.	Other Contributory Course of Importance: Melaslatic lecomyog arcoma Jan 18 mesentery, intestins (line.
# 13. NAME Joseph Willett	+ Redneys
14. BIRTHPLACK (city or town) On . Seco Co	Neme of operation D+ 0 meetin of radium Date of Not 17 19
(State of country)	What test confirmed diagnosis? Mccarcagul Was there en autopsy? No
15. MAIDEN NAME Sololia White	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Clinton (Stete or country)	Accidant, suicide, or homicide?
17. INFORMANT Mrs Clinton Light Ir. (Address) Pt. J. Senned Sta D.C.	Where did Injury occur?
18. BURIAL GREMATION, OF REMOVAL My Dois Der. 6, 19 4/1	Menner of Injury
19. UNDERTAKEN Pitchie Brothers	24. Was disease or injury In any way related to occupation of daceased?
20. FILED // - 6 19.37 Thos D' & ffll	If so, specify (Signad) W. Sunt Pulchie M. D

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nov 11 1934

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DFO 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU V. S.	The state of the s		
And the second residence of the second secon	power last		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Jounce bearge	Registration Dist. No.
Village or City Mitchelsiell, Mod	ND. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred 20 yrs. 11 m	os4_ds. How long In U.S.if of foreign birth?yrsmosds.
2. FULL NAME Mary Etta Beal	If U. S. Veteran, specify WAR
(a) Residence: No. metchelville, Md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, OR DIVORCED, WIDOWED, OR DIVORCED (write the word) Temple White Married	21. DATE OF DEATH DOT: 15 193.7. (Month) (Day) (Yeer)
5a. If married, widowed, or divorced	
(or) WHE of Horbord C. Beall	22. MARCH 1937, to Most 1 attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Dec 16 1890	I last saw h 14 alive on how 14 ,1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 20 Pm.
46 11 29 Iday,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hunt attack 1937
9. Industry or business in which	The hystorestory was performed for utonines.
work was done, as SILK MILL, SAW MILL, BANK, etc	- Libroida Duration ten years and
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation.	The state of the s
25 1 .: 1/4	Other Coutributery Causes of Importance:
12. BIRTHPLACE (city or town) 2 and Showfell (State or country)	1 lewry 1931
1 119	- Core eysum 1932
13. NAME Cary Arry 14. BIRTHPLACE (city or town) 6 warm arry	Wint T
Y 14. BIRTHPLACE (city or town) O William and (State or country)	Neme of operation Ity sterrectory Dete of Alph 19
	What test confirmed diagnosis? Was there an au'opsy?
4 . 1.1.7	23. If death was due to external causes (VIOLENCE) fill In also the Iollowing: Accident, suicide, or homicide?
State or country)	
11.11 1 17.11	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TO THE CAME AND THE CONTROL OF THE CAME AND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRYMATION, OR DEMOVAL	Manner of Injury
Plate hungols Min Date Nov. 17, 193:	Nature of injury
19. UNDERTAKER Clarence foregoil (Address) Matchedassill, Md	24. Was disease or injury in any way related to occupation of deceased? This
20 FILED AN 16 137 New Admith	(Signed) full full eye M. D.
Registrar.	(Address) Marlhare, My fort Marlhare, My for, 2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DFC 6 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	12098
1. PLACE OF DEATH	8247	(
County Truck Leonge	Registration Dist. No. 23	Ö
Village or City Berwyn mcl	NoSt.,	Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and 45. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Lelen W Benn	If U.S. Veteran specify WAR	
(a) Residence: No. 20 - 2 1 A Berry, (Usual place of abode)	Ward. If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20	, 193 7.
5a. If married, widowed, or-divorced	(Month) (Day)	(Year)
HUSBAND of Jaward Bennets	22. I HEREBY CERTIFY That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year)	I last/saw h. Lu alive on Word 120 19	Z death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at	,
60 2 /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:	
8 Trade profession or particular	were as follows.	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	I pasters	11/20/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (mogation and account of the control of		
10. Date deceased last worked at this occupation (month and year)		
Baltime mol.	Other Coatributory Causes of Importance:	1020
12. BIRTHPLACE (city or town) (State or country)	Ity fallinsem	1700
II 13. NAME Was 20 Webb	Usterna Abbrevada	1920
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of	
(Stata or country)	What test confirmed diagnosis? Was there as	n autopsy?
15. MAIDEN NAME Jally 6 course	23. If death was due to external causes (VIOL ENCE) fill in also the following	ing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
E (State or country)	Where did Injury occur?	
17. INFORMANT Avanal Bennett	(Specify city at town, county and S Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC I	tete) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Ceadler Well Date Nov 22, 1957	Nature of Injury	
19. UNDERTAKER ALL Champhers Co (Addrass) 9 & Clevland Civic Rivida	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEDMAN - 20 -, 1937 Johns Smith	(Signad) Mayntheaux	M. D.
Registrar.	(Address) - Fyrtekele Md	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
227 107 1000107 0010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	PLACE OF DEATH	CERTIFICATE OF DEATH	
	County Profes	Registration Dist. No. 233	3
	Village or City / Allingham	NoSt	Ward
	Length of residence in city on town where deeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and numbeds. How long in U.S. if of foreign birth?yrsmos	
2	FULL NAME buch bwla Bosis.	ll If U. S. Veteran, specify WAR	
	(a) Residence: No.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
3. \$	PERSONAL AND STATISTICAL PARTICULARS EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
10	OR DIVORCED (wrighte word)	107 20 ,193	37
ba.	If merried, widowed, or divorced	(Month) (Oey) (Yeer)
	HUSBAND of (or) WIFE of	22. THEREBY CERTIFY Thet I attended decea	sed from
6. D	PATE OF BIRTH (month, day, end yeer) / 15 - 1937	i lest sew hes elive on DVD 79 , 1937; dee	th is said
7. A	GE Yeers Months Oeys If LESS than	to have occurred on the date steted above, etm.	
		The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:	e ol onset
S	8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	· · ·	
ATI	9. Industry or business in which	- Minsule	
OCCUPATION	work wes done, as SILK MILL, SAW MILL, BANK, etc		
8	10. Oate decessed lest worked at this occupation (month and spent in this		
	yeer) occupation occupation	Other Contributory Courses of Importance:	
12.	(State or country)		
2	13. NAME OF ALL W BOOK ELL		
FATHER	14. BIRTHPLACE (city or town) 21 alling ran	Neme of operation	
-	(State or country)	What test confirmed diagnosis? Wes there en autops	y?
HER.	15. MAIDEN NAME Mayers V. Rurch	23. If death wes due to externel ceuses (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or town) Boden	Accident, suicide, or homicide? Oete of injury,	19
2	(State or country)	Where did injury occur? (Specify city or town, county and State)	
17.	(Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Up fall grape on Date 1000 1944 , 1941	Nature of injury	
19.	UNDERTAKER Pateful Bross (Address) Upper marlova End	24. Wes disease or injury In any way related to occupation of deceased?	ν
	20 15 +0 6	(Signed) flallcom to Toplows	

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Example I			Example II		
The principal cause of deat of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 4	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

	L PLACE OF DEA		IN MAR	I LAND	CERTIFICATE OF DEATH
1	1/	S.	0 1		(92.0)
	County	17 45			Registration Dist. No. 2 40
	Village or City	vace	w	CH	No. St., death occurred in a hospital or institution, give its NAME instead of street and number
	Length of rasidence in ci	ty or town where	leath occurred		
2	. FULL NAME	MAYE	molla	Pun P	Toleten U. S. Veleran, specify WAR
1	(a) Residence: No.	Ball	2001 7	ces .	St., Ward.
	(-)	- oryer	(Usual place	of abode)	If nonresident give city or town and State
	PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLO	R OR RACE	S. SINGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH
1	unale In	Tule	Myd	ow	(Month) (Day) (
5a.	If merriad, widowad, or divo	reed	0 1	20	22. I HEREBY CERTIFY, That I attended decaa:
	(or) WIFE of	exlex,	100	lella	, 19, to, 1
6. 1	DATE OF BIRTH (month, day	and year) Se	Lk. 10.	1859	I last saw h elive on to eat
_	AGE Years	Months	Days	If LESS than	to heve occurred on the date steted ebova, et
	78	2	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were as follows:
z	8. Trada, profession, or pa	rticular			Statte has referred when
음	kind of work done, SAWYER, BOOKKEE				Jarringe Seul aux Cer
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, o	which ILK MILL,	Freset	och	Fair Carre & death
ວ	10. Date deceasad last wor	kad at	11. Total ti	me (years)	resto Ourseter France
0	this occupation (mo	nth end	span	pation 60	acaco, may-r,
	BIRTHPLACE (city or town)	Coln	41800	Tuel	Other Contributory Causes of importance:
12.	(State or country)	Or T	61210	i de la como de la com	Seulele Tuiteal
ER	13. NAME / Jeurs	Jun	ussen		se fine the Ville
FATHER	14. BIRTHPLACE (city or to	wn) 1 0		0	Name of operation Dete of
	(Stata or country)	8/2. Re	0160	uch	What last confirmed diagnosis?
ER	15. MAIDEN NAME	wany	Sun Co	so lesee	23. If death was due to external causes (VIOLENCE) fill in also tha following:
MOTHER	16. BIRTHPLACE (city or to	wn) 1	2	, 6	Accident, suicida, or homicide? Date of Injury,
Σ	(State or country)	1/2,	sor (ued	Whera did injury occur?
17.	INFORMANT ANG	ua.	Richa	rolp	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	(Address)	Back	u u	col	***************************************
18.	BURIAL, CREMATION OR R	EMOVAL Zaca	1. 190	1 47	Manner of Injury
_	Place / KAC	to Di	Date	1- 190/	Nature of Injury
19.	UNDERTAKER /CLA	che	reg	I	24. Was disaese or injury In any way ralatad to occupation of decaased?
	(Addrass)	per Ter	action	o lun	If so, specify
20.	FILED More A 9	9 Mrs. g	.Tr. Sagn	with.	(Signed) If If God Comment
-		1	Lr	Cal Registrar.	(Addrass)

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLAINLY, WITH

1. PLACE OF DEATH	
	942
County Montgomon Sil	Registration Dist. No.
Village or City Allowing Park	No. 217 Calbouttle We St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
11/1/1/10	nosds How long in U.S. If of foraign birth?yrsmos
(a) Residence: No. 1 4 April (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("writer the word)	21. DATE OF DEATH 22 1937 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended daceased to
(OF) WIFE OF Edna My Jowman	22 1937 - 5 a 34 19
6. DATE OF BIRTH (month, day, and year) 100-17-1867	I last saw h alive on, 19; daath is sa
7. AGE Yaars Months Days If LESS than 1 day,h	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca
8. Trade, profassion, or particular kind of work done, as SPINNER	Curving
SAWYER, BOOKKEEPER, etc	7 houndering how.
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month) and	153
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Divadway (State or country)	Other Contributory Causes of importance:
13. NAME Topph MM Boroman	
13. NAME TOURS (City or town a to tool or (State or country) organization	Name of oparetion Data of What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME and Beigler	23. If death was due to axtarnal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME AND Jeigles 16. BIRTHPLACE (city or town) Augustus Way (Stata or country)	Accident, suicida, or homicida?
17. INFORMANT Deplies It Sources	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ut as Augustus, De Data la 22-, 193.	7- Natura of Injury
19. UNDERTAKEN TO SA STATE SOL.	24. Was disease or injury in any way related to occupation of daceased? If so, specify
	(IN STATE
20. FILED 1/1/22 , 1937 J. Wilson Dodd	(Signad) M. (Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were a follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial vephritis (1937)	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ARG	IIN INEX	2 / Y 12	1	i Ch	ARGIN RESERVED FOR BINDING				
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	TH UNFA	DING IN	VK-TE	SII	IS A PE	SRMANENT	r RECOF	D. Every	item of infor-	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ly supplied	L. AGE	plnods	pe	stated F	EXACTL	Y. PHY	KSICIANS	should state	da
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	lain terms,	so that	it may	pe	properly	classified.	Exact	statement	of OCCUPA-	
TION is very important. See instructions on back of certificate.	See instr	uctions o	n back	of c	ertificate	ď,			\	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12102
1. PLACE OF DEATH	13)
County Jung Strofes	Registration Dist. No.
Village or City Vaam	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in only of town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME / achel Brown	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Janale Colored Widowie the word)	193.4
\$a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Or WIFE of	22. A HEREBY CERTIFY. Thet I attended deceased from
Which the 1812	1937, to 1937, to 1937, deeth is said
6. DATE OF BIRTH (month, day, and year) // Wrch with . 1860 7. AGE	to have occurred on the date stated above, at
75 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profassion, or particular	were as follows:
kind of work done, as SPINNER, Tausewort	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decassed lest worked et this occupation (month and	Wrome onterstiting
10. Dete decased lest worked et this occupation (month and 1937 spent in this 53 occupation 53	/ Co jo aywas
12. BIRTHPLACE (city or town) Northingham	Other Contributory Causes of Importance:
(Steta or country)	
13. NAME Henry Buller	
13. NAME Always Buller 14. BIRTHPLACE (city or town)	Name of oparetion Dete of
(State of Country)	What test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME / Zachel.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Data of injury, 19
ele a de la	Whara did Injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT LOUGA FAMILIA. (Address)	Specify whathat injury occurred in INDUSTRY, in HUME, OF IN PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Stooks thapel Maio 11/26,192/	Nature of injury
19. UNDERTAKER This The Wash, DC.	24. Was disease or injury in any wey related to occupation of daceased?
20. FILED 11- 22-, 1927 Thos. D. S. fleth.	(Signad) Al ellegge A. T. Whoms M. D. (Addrass) To grown
, Acgrard,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes. Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEG 6 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PAIREAU V.	S. July 5,1927	Peritonitis	3 days ago	
Other contributors cause					
Other contributory cause	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				Juliania.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12103
1. PLACE OF DEATH	946
County	Registration Dist, No. 230
Village or City by attaull Mek on M	deall orguired in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town where death occurredyrsmos.	
2. FULL NAME, albert T, Byed	If U _A S. Veteran, specify WAR
(a) Residence: Noty attended med oon!	Cingo Roward.
(Usual place of abode)	If nonresident give eity or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DOTORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary and Burd	22. 1 HEREBY CERTIFY, That I attended deceased from
COLUMN COLUMN COLUMN 1877	I last saw h aliva on
7. AGE / Xears Months Days If LESS than	to have occurred on the date stetad abova, at 3
0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance
Trade profession or particular	were as follows:
kind of work done, as SPINNER, Tarrel	Colonery Miromboses
9. Industry or businass in which work was done, as SILK MILL.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked et this occupation (month and	
this occupation (month and year)	
/	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	We en-edist
E 13. NAME Will, Burd	www.www.
14. BIRTHPLACE (city or town) // fra	Name of operation Date of
(Stete or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Locise M. Canden	23. If daath was due to axternal causes (VIDL ENCE) fill in also tha following:
15. MAIDEN NAME Leise M. Canded 16. BIRTHPLACE (city or town).	Accidant, suicide, or homicide? Dete of injury19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Doved & Burn On Resolution	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DEPREMOVAL	Mannar of Injury
Pleca Mark Valente July Bate 11/26.1937	Neture of Injury
19. UNDERTAKER SOW Chareles G	24. Wes disaase or injury in any way related to occupation of decaased?
(Addrass) / 400 Chaprie Dr D. N	If so, spacify
20. FILED From 25, 1937 Dora Furth	(Signad) M. D.
If more blanks are medical address State Registrar.	(Address) Joseph San Jan Tolker

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	R STATEMENTS BY PHYSIC	CIAN	
		1	

ż

Length of residence in city or Lown where death occurred. 2. FULL NAME. (a) Residence: No. B. 9. 9. (blanched abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED OR DIVORCED (Grant the word) 3. HERE BY CERTIFICATE OF DEATH 2. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 11 LESS than 12 Industry or business in which 23 SAYER, BOUNKETER, Bette. 3. SAYER, BOUNKETER, Bette. 4. Today or business in which 3. SAYER, BOUNKETER, Bette. 3. SAYER, BOUNKETER, Bette. 4. Today or business in which 3. SAYER, BOUNKETER, Bette. 4. Today or business in which 3. SAYER, BOUNKETER, Bette. 4. Today or business in which 3. SAYER, BOUNKETER, Bette. 4. Today or business in which 4. SAYER, BOUNKETER, Bette. 5. SAYER, BOUNKETER, Bette. 6. Date of country) 6. Date of country 6. Sayer or town 1. Total time fyears) 5. SAYER, BOUNKETER, Bette. 1. Total time fyears) 1. Sonal in his 6. Country 1. Sayer or town 1. Sayer or town 1. Sayer or town 1. Sayer, Country 1. Sayer or town 1. Sayer or town 1. Sayer, Country 1	1. PLACE OF DEATH	7	59		
Length of residence in city or Jown where dash occurred. 2. FULL NAME (a) Residence: No. 3, 0.7 (b) 19 (c) 19 (c) 19 (a) Residence: No. 3, 0.7 (b) 19 (c) 19	County Prince	Teorges		Registration Dist. No.	LHS
2. FULL NAME (a) Residence: No. B. 9. 9. (bital place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR RACE 5. SKOKE, MARRIED, MINOSED, OKO, B. DIVORCED (write the word) 3. If married, widowed, or divorced HUSARIO OF MILE OF DEATH 4. COLOR RACE 5. SKOKE, MARRIED, SKOKE, MARRIED, OKO, B. DIVORCED (write the word) 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Membres 1 1 LESS than 1 day,	Village or City East	Reverdale My	L No.		
(a) Residence: No. 8, 9, 9, 16 final place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVERTED (wince the word) 5a. If married, widowed, or divorced from the word) 6a. If married, widowed, or divorced from the word (white) 6b. DATE OF BIRTH (month, day, and year) 7. AGE 8. DATE OF BIRTH (month, day, and year) 8. Days 11 LESS than 1 day, Arrist 9. Or, min. 1 last sandbard, alive on. Musb. 2. A. 2. A. 2. A. 2. A. 2. A. 2. A. 3. A.	Length of residence in city or town where				
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DATE 6. DATE OF DEATH (Month) (Day) (Month	2. FULL NAME Chian	les B Car	neron		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE NO DIVORCED Counter the word) 5. SINGLE, MARKIED, WIDOWED, OR DIVORCED Counter the word of many of the properties of the proper	(a) Residence: No. 8,0,9	Jefferson	St., Ward.		
4. COLOR OR RACE D. SINCLE MARRIED, WIDOWED, ON PIVORED Curvic the word) Sa. If married, widowed, or divorced HUSBAND OR HUSBAND					The same of the sa
OR-BIVORED (wint the word) 3. If married, widowed, or divorced HUSBAND of Carnaco Control (Month) (Day) 4. If HEREBY CERTLEY, That I attended deceased from 1937, to MW 1949, 1937, 1947, 1937, 1947					1 H
HUSBAND of Cory Wife of Many & Camada 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days ILESS than Iday,	0- 1 1-	OR DIVORCED (write the word)	21. DATE OF BEATH	m 26	
TAGE Years Months Days II LESS than 1 day	(ar) 11 IEF as	! Cameron	1.	7- 1	tended deceased from
12. BIRTHPLACE (city or town) (State or country) 13. MAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of conspection (Address) 11. The PRINCIPAL CAUSE OF DEATH and related causes of importance on the conspection (Address) 12. BIRTHPLACE (city or town) (State or country) (State or country	6. DATE OF BIRTH (month, day, and year)	narch 7, 1864		-1.0	3.7.; death is said
Strade, profession, or particular kind of work dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was dome as SPINNER. Plate Crimiter Spanish of work was down as SPINNER. Plate Crimiter Spanish of work was down as SPINNER. Plate Crimiter Spanish of work was down as SPINNER. Plate Crimiter Spanish of work was down as SPINNER. Plate Crimiter Spanish of work was down as SPINNER. Plate Crimiter Spanish of work was down as SPINNER. Plate Crimiter Spanish of work was down as SPINNER. Plate Crimiter Spanish of work was down as SPINNER. Plate Crimiter Spanish of work was down as SPINNER. Plate Crimiter Spanish of work dome as S	~ ~	1 day,hrs.	The PRINCIPAL CAUSE OF DEA		e
Dither Contributory Causes of importance: State or country Substitute Subst	Trade profession or particular	Pato Printer	Borgh	6- pireare	Date of onset
Dither Contributory Causes of importance: State or country Substitute Subst	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Bury Enguer			
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place (Address) 19. Date 10. FILEDIAN A. (Signed) 10. Accident, suicide, or homicide? (Specify city or town, country and State) Specify what her injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) (Signed) (Signed) M. D. (Address)	The cocapation (month and	spent in this			
13. NAME Charles & Canada 14. BIRTHPLACE (city or town) Supposed State of Country) 15. MAIDEN NAME Saal Sevalus 16. BIRTHPLACE (city or town) Supposed State of Country) 17. INFDRMANT Mary Saal Canada Sevalus 18. BURIAL, CREMATION, DR REMOVAL Place Success Section of Sec	12. BIRTHPLACE (city or town) 4000	getown	Other Contributory Causes of imp	priance: arlunculoses	Troy 3
Name of operation Date of	~ 01 1	Cameron			<i></i>
What test confirmed diagnosis? Was there an autopsy? M. 15. MAIDEN NAME Sarah Several Several Country State or country Specify city or town, country and State Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 8 9 Final Removal Manner of Injury Manner of Injur		sportetoron	Name of operation 7	Date Date	te of
Where did injury occur? (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 8 0 9 Engle Revendal Man. 18. BURIAL, CREMATION, DR REMOVAL Place Li ashing tox occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER Li - Li Deal (Address) 8 / 6 - H - Th E No. 24. Was disease or injury in any way related to occupation of deceased? The County of the Count	(State of Country)	est Verginia	What test confirmed diagnosis?	Was the	ere an autopsy?
Where did injury occur? (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 8 0 9 Engle Revendal Man. 18. BURIAL, CREMATION, DR REMOVAL Place Li ashing tox occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER Li - Li Deal (Address) 8 / 6 - H - Th E No. 24. Was disease or injury in any way related to occupation of deceased? The County of the Count	15. MAIDEN NAME Sarah	- Sebastion	23. If death was due to external ca	uses (VIOLENCE) fill in also the fo	ollowing:
Where did injury occur? (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 8 0 9 Engle Revendal Man. 18. BURIAL, CREMATION, DR REMOVAL Place Li ashing tox occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER Li - Li Deal (Address) 8 / 6 - H - Th E No. 24. Was disease or injury in any way related to occupation of deceased? The County of the Count	6 16. BIRTHPLACE (city or town)	enyetown	Accident, suicide, or homicide?	Data of Injury.	, 19.
17. INFORMANT CAMENDAL CAMENDAL CAMENDAL CONTROLL SPECIFY whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of Injury Nature of	State or country)	of Col.	Where did injury occur?	(Specify city or town, country	nd State)
18. BURIAL, CREMATION, DR REMOVAL Place LL ashing tox of Date Nov. 26 19.31 19. UNDERTAKER L W Deal (Address) 8/6-74. The Severy 20. FILED STANDARD (Signed) A Description of deceased? (Address) Reservable Manner of Injury Nature of Injury Nature of Injury (Signed) A Description of deceased? (Address) Reservable Manner of Injury (Address) Reservable Manner of Injury Nature of Injury (Address) Reservable Manner of Injury Nature of Injury (Address) Reservable Manner of Injury Nature of Injury (Address) Reservable Manner of Injury (Address) R	17. INFORMANT Many (Address) 8 9 Fine	Cameron La	Specify whather Injury occurred		
19. UNDERTAKER 6. W Deal 24. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. W Sease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation of deceased? 70. 19. UNDERTAKER 6. Was disease or injury in any way related to occupation or injury in any way related to occupation or injury in	18. BURIAL, CREMATION, DR REMOVAL	O'Chate Nov. 26 19 37			
20. FILEDING 197 Jas Severy (Signed) A a Benniett M. D. Registrar. (Address) Rivardale Med.	19. UNDERTAKER W. L.	leal In D	24. Was disease or injury in any		ed? 70:
	(/	Severy	(Signed) A Q D	envett Sur	/M. D
	16				

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		4		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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BINDING

RESERVED

S. No.

1. PLACE OF BEATH County Registration Dist. No. Village pr City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of rasidance in sity or town where death occurred. How long in U.S. if of foraign birth? ______ yrs. ____ mos. ____ ds. 2. FULL NAME If U. S. Veteran, specify WAR_ (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) arris (Month) (Day) 5a. If marriad, widowad, or divorcad HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 19_____to___ 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the data stated above, at 4.30 a. m. 1 dayhrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Data deceased last worked at 11. Total time (yaars) this occupation (month and spent in this year) _____ occupation .. Other Contributary Causes of importance: 12. BIRTHPLACE (city or town (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) 200 Nama of operation.... (Stata or country) What tast confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?______ Date of Injury______19_____ 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOVAL Mannar of Injury Nature of injury_ 24. Was disaasa or injury in any way related to occupation of decaased? 19. UNDERTAKER (Address) If so, spacify Registrar. (Address)

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC	July 5,1927	Peritonițis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor-	state	UPA.	
of	plu	S	
item	shot	0 Jo	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	incate.
IS	sta	pro	cert
WITH UNFADING INK-TH	fully supplied. AGE should b	n plain terms, so that it may b	TION is very important. See instructions on back of certificate.
N. BWRITE PLAINLY,	mation should be care	CAUSE OF DEATH is	TION is very importa

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Pr Teo Co	Registration Dist. No. 234
Village or City Chapel Hell	No. St, Ward
	f deeth occurred in a hospited or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Infant Coleman	
1 2 1 2 1 4	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased New
(or) WIFE of	at bertin to 19
6. DATE OF BIRTH (month, day, end year) Nov. 15 1937	I last saw h aliva on; death Is sain
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
7000 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular	Date of once of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Hill Born
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Ipdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this prographing (month and	A
10. Date deceased last worked at this occupation (month and year)	The Mature - 7 nes
12. BIRTHPLACE (city or town) Clay & Helf, Med	Other Contributory Couses of Importance:
	of lovers before delivery
13. NAME Wally Collection 14. BIRTHPLACE (city or town) Chapel Helf (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Maure Johnson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Marie Johnson 16. BIRTHPLACE (city or town) Lelius Half	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county end Stete)
17. INFORMANT Wally Coleman (Address)	Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Nov. 15, 1937	Manner of injury
19. UNDERTAKER Halter Coleman, (Addiess) habel Hill ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO NOO. 15-, 1937 Mrs. alton Sa.	(Signed) Ell Solward M. [(Address) R. 2 Gerthal D. C.
л свитит.	(1001003)

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

1. PLACE OF DEATH		(181)	aut (1)	. Amount
County Pruce Jeng	V		Registration Dist. No.	45
Village Dr City Wast Mystlan		ND. Vacred / Heart / feath occurred in a horpital or institution		nd number)
2. FULL NAME Mas Fidelia 2 (a) Residence: No. 22 - 6 sf.	1 20	sds. How long In U.S. if of 1	Wesh . D. G. If nonresident give city or town 's	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH	1
female white OR	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Lundowed	21. DATE OF DEATH	Month) (Day)	, 193
5a/If married, widowed, or divorced HUSBAND of John Collenso	n (of John)	22. I HEREBY	CERTIFY That I attend	led deceased from
6. DATE OF BIRTH (moreh, day, and year) (oct 7. AGE Years Months	Days If LESS than	I last saw h	Most. 18	.Z.; death is said
8. Trade, profession, or particular	I day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of Importance	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this eccuration (morth and	nunge			
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	-		
12. BIRTHPLACE (city or town) Kentucky (State or country)		Other Contributory Causes of import	ance:	200510+13
E 13. NAME Daniel W. 10	hygus	J beratral	of played	
4. BIRTHPLACE (city or town)	V Steland	Name of operation Purch	Date of Was there a	7
15. MAIDEN NAME Cleath M	estor	23. If death was due to external cause		
15. MAIDEN NAME Chaleth On 16. BIRTHPLACE (city or town)	ud		Date of Injury	
17. INFDRMANT Richard Ing (Address) 905- Wand	gins DE	Where did injury occur? Specify whether Injury occurred in I	(Specify city or town, county and S INDUSTRY, In HDME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Nor. 21", 3"	Manner of injury		
19. UNDERTAKER Y & Har	destyr Im	24. Was diseese or injury in any way		
20, FILED MOV. 18 19 37 Mm	as storeno	(Signed) Muse (Address) 22 60	mattingly WE	116 000

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

S. No. 1

(Address)

infor-

Jo

OCC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

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DEC VS.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	5		

PHYSICIANS should state RD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT RI

MARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PL

V. S. No. 1 2 Exact statement of OCCUPA-

1. PLACE OF DEATH County Prince George	210-9	31
3	Registration Dist. No. 2	30
	NoSt., If death occurred in a hospital or institution, give its NAME instead of street an sds. How long in U.S. If of foreign birth?yrs	d number)
(a) Residence: No. Pleasantville M. J. (Usual place of spode)	If U. S. Veteran, specify WAR	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word) Male white Married	21. DATE OF DEATH (Month) (Day)	, 193 7 (Yéer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mafel E. Orandol	22. I HEREBY CERTIFY, That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year) aug 8- 1888	94	7; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted above, at	Date of onset
Trede, profession, or particular kind of work done, as SPINNER, Mill Salesman.	muller traction	NOU (7.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at # 10 11. Total time (years) 20	Extremelies	
10. Date deceased last worked at 2010 11. Total time (years) 20 spent in this occupation (month end year) 11. Total time (years) 20 spent in this year	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) M. G. Cope May.Co.		
13. NAME & M. Claudol		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oate of What test confirmed diegnosis? Was there a	
15. MAIDEN NAME Cleya L. Vonciler 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide?	rige:
17. INFORMANT Stegncer 5: Crandol. (Address) Yoshen: n. f.	Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, InfIOME, or InfUBLIC Company of the county of the	State) PEACE.
18. BURIAL, CREMATION, OR REMOVAL House M. J. Place Cufue May Court Doto Mor: 19/937	Menner of injury Hear Bulto ville, hed	all P
19. UNDERTAKER 4. Jasche Sons (Address) Egysttangle md	24. Wes disease or injury in any way related to occupation of deceased? If so, specify	wit z
20. FILEMAN. 19-, 1937 John Domitte	(Signed) Charles Sales Med	ig Chango.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		I Reality	
Other contributory causes of importance:		Other contributory causes of importance:	MAG
Gallstones	May 1,1923	Gastroenteritis 3 193	7 1 year
		1 34 (1)	1

WRITE PLANEY, WIT UNFADING INK-THIS IS A PERMANENT RECAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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iter	sh	Jo	1
very	IANS	ment	
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3	lns /	ain t	See
WIT	fully	ld ui	TION is very important. See instructions on back of certificate.
LY,	car	TH	porta
	d be	DEA	y im
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CTATE OF MADVI AND CEPTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	(23)			
County Prince George	Registration Dist. No. 2 4 3			
Village or City Glenn Tale	No. Melen Water Manual St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
	. 26_ds. How long in U.S. if of foreign birth?			
2. FULL NAME DAY, DOROTHY	If U. S. Veteran, specify WAR No			
(a) Residence: No. 1009 5 57 WASH b. (Usual place of abode)	C. St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH Nov 23 , 193 7 (Month) (Dey) (Yeer)			
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceesed from			
(or) WIFE of Thomas F. Day	064, 28 19 27, to Nov 23 19 37			
	I last saw h ev elive on 4:30 4:30 // 23/937 death is said			
7. AGE Years Months Days I LESS than	to have occurred on the date stated above, at $4:30$ m.			
27 3 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence			
N 8 Trade profession or particular	Palonon very Tuberculosis Date of onset			
SAWYER, BOOKKEEPER, etc.				
Work was done, as SILK MILL, SAW MILL, BANK, etc.				
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Omestic SAWYER, BOOKKEEPER, etc. Omestic SAWHILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation				
12. BIRTHPLACE (city or town) WASH ING TON, D. C (State or country)	Other Contributory Causes of importance:			
13. NAME Joseph W. Boxley				
I3. NAME Joseph W. Boxley I4. BIRTHPLACE (city or town)	Neme of operation Dete of			
(State or country) Y12G-IN/A	What test confirmed diagnosis? SPUTUM Was there an autopsy?			
15. MAIDEN NAME EHZABETH SIMMONS 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:			
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, Where did injury occur?,			
17. INFORMANT DECEMSOD -	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Marana de la companya			
Place Posemont, Wush & Bate 11/2) 1933	Neture of Injury			
19. UNDERTAKER J.T. Stewart (Address) 30 Hrt nE	24. Wes diseese or injury In any way related to occupation of deceased?			
20. FILED MIN 24, 19 8 7 9 8 han cu Do m) Registrar.	(Signed) & Aniel Leo Finicare M. D. (Address) Glenn Dale Sanstorina, Sleve			
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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BUREAU V. S. H			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor stat UPA	1	. PLACE OF D
of Did		County
shot f O	Village or City_	
S t		Length of residence
Ever CIAN emer	2	. FULL NAME
RD. 1		(a) Residence: N
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Y. Ex	3.	SEX 4. 0
TLY.	50	male
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EX EX ly cla	-	DATE OF BIRTH (mont)
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HIS be be of	ION	8. Trede, profession, kind of work d SAWYER, BOO
uld nay nck	PAT	9 Industry or busine work wes done
Should it may n back	CCU	work wes done SAW MILL, BA 10. Date deceesed las
GE Hat	0	this occupation year)
UNFADING INK—THIS IS A PERMANENT RECUPPLED. AGE should be stated EXACTLY. Items, so that it may be properly classified. Exact instructions on back of certificate.	12.	BIRTHPLACE (city or to
NF.	HER	13. NAME
sup in te	FATH	14. BIRTHPLACE (city (Stete or count
tr pla	ER	15. MAIDEN NAME
aref aref H in	TH	16, BIRTHPLACE (city
ALY,	×	(State or coun
id the DE	17.	INFORMANT (Address)
ITE For sho SE OI	18.	BURIAL, CREMATION Plece
N. B.—WRITE PL mation shoul CA SE OF TION is ver	19.	UNDERTAKER AND (Address)
Z B	20.	FILED POST 2

County Village or City And County Washington Dist. No. 233 Village or City And County Washington Dist. No. 233 Village or City And County Washington Dist. No. 233 Langth of residence in city or then appropriate hocurred. (a) Residence: No. (Umal place of shock) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. SINKE, MARKED WASHINGTON, OR PROTECTION OF THE COUNTY OF THE C	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	
Langth of residence in city or them when death occurred. Langth of residence in city or them when death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR & RACE S. SINCLE, MARKIED, Wilpoweb, OR Worder (with the work) (In morrisch widowed, or diversed with the color of the color	County FRATE	Registration Dist. No. 235
Langth of residence in city or them where death occurred. 2. FULL NAME (a) Residence: No. (Unsulplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR & RACE 5. SINGLE, MARRIEL WINDOWS 5. If merried, widowed, or divorced (Unsulplace of abode) 2. I HER BY CERTIFY. Thet I etlanded decreased from the design etlated above, at 190 min. 5. If merried, widowed, or divorced (Unsulplace of abode) 2. I HER BY CERTIFY. Thet I etlanded decreased from the design etlated above, at 190 min. 5. If merried, widowed, or divorced (Unsulplace of abode) 2. I HER BY CERTIFY. Thet I etlanded decreased from the design etlated above, at 190 min. 5. If merried, widowed, or divorced (Unsulplace of abode) 2. I HER BY CERTIFY. Thet I etlanded decreased from the design etlated above, at 190 min. 5. ANTE OF BIRTH (month), day, end years 1 day, min. 6. DATE OF BIRTH (month), day, end years 1 day, min. 7. AGE 7. AGE 7. AGE 7. Frede, profession, or perticuler 8. Frede, profession, or perticuler 8. Antide, profession, or perticuler 9. Antider, profession, or perticu		
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Clustiplace of abode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH Month 22. I HEREBY CERTIFY. The I ettended decessed from 19. to 19		
OR DIVORCED Country flow word) Set If merried, widowed, or divorced (North) Fig. 17 Age (North) Set If ER EBY CERTIFY. The I ettended deceased from 19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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7. AGE Yeers Months Days If LESS then 1 dey,	6. DATE OF BIRTH (month, day, end yeer) Louis, 3, 193 (5	
S. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work were done, as SILK MILL, SAW MILL, BARK, etc. 10. Date decessed last worked et his occupation (month end year) 11. Total time (yeers) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMANON, OP REMOVAL Plece 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER (Address) 19. UNDERTAKER 19. UNDERTAKER (Address) 10. Date done, as SPINNER, Action of the country in the part of the country of	7. AGE Yeers Months Days I LESS then I dey,hrs.	to heve occurred on the dete steted above, at 4-30 cm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OF REMOVAL Plece 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Other Contributory Causes of importence: 11. Do to the contributory Causes of importence: 12. This shift had been the fount three months are the latest three months are t	8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aude of alali
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What test confirmed diagnosis? Wes there an eu'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece 19. UNDERTAKER (Address) What test confirmed diagnosis? Wes there an eu'opsy? 20. FILED (Specify of town) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) What test confirmed diagnosis? Wes there an eu'opsy? 20. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the Ioliowing: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Whenner of injury Nature of injury 19. UNDERTAKER (Address) 24. Wes disease or injury in eny way releted to occupetion of decessed? If so, specify (Signe) (Signe) MERCHANGE (Signe) Menner of injury Nature of injury (Signe)	13. NAME William Leijo Sucket	
What test confirmed diagnosis? Wes there an eu'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece 19. UNDERTAKER (Address) What test confirmed diagnosis? Wes there an eu'opsy? 20. FILED (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Where of injury Nature of injury 19. UNDERTAKER (Signes) (Signes) (Signes) Menner of injury in eny way releted to occupetion of decessed? If so, specify (Signes) Menner of injury in eny way releted to occupetion of decessed? (Signes) Menner of injury Nature of injury (Signes) (Signes) (Signes)	14. BIRTHPLACE (city or town) Westwood	Neme of operation Date ol
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury Nature of injury 19. UNDERTAKER Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury Nature of injury (Address) 19. UNDERTAKER Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Menner of injury Nature of i	(Stere of Country)	What test confirmed diagnosis? Wes there an eu'opsy?
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17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece 19. UNDERTAKER (Address) 24. Wes disease or injury In eny way releted to occupetion of decessed? (Address) 25. FILED 26. FILED 27. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 24. Wes disease or injury In eny way releted to occupetion of decessed? If so, specify (Signe) Menner of injury Nature of injury Nature of injury (Signe) Menner of injury Nature of injury Nature of injury Nature of injury (Signe) Menner of injury Nature of injury Nature of injury Nature of injury (Signe) Menner of injury Nature of injury Nature of injury Nature of injury (Signe) Menner of injury Nature of injury Nature of injury (Signe)	S 16, BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Plece It / Komag Cer Pate / N 3/197 Nature of injury 19. UNDERTAKER N M CLUMS OF CENTER OF STREET 24. Wes disease or injury In eny way releted to occupetion of decessed? If so, specify 20. FILED N 2, 1976 Mestly Same (Signe) Mulal M Jamer M. D		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20, FILED Day 2, 1976 west of Same (Signe) rules James M. D	At (1. no1) 1000 1 1 2-2. 50	
20, FILED U. 19 () 10		
		Jun - (8 5 - 1 - 1 - 1)

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Example 1	, con	Example 11		
The principal cause of death and related causes of importance were as follows:		of importance were as follows:	Date of onset	
11/10/100000/00/00	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis DEC 5 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFAU V. S	The second secon			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

STATE OF	MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1.		
County Grence	Terra	e	Registration Dist. No. 243
Village or City Glesson	Da	<u>le</u> (11	No. Selection Dale Santonium St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deet	h occurred	0	s17_ds. How long in U.S. If of foreign birth?yrsmosde
2. FULL NAME Joodman	ر ر ب	nelzetta	If U. S. Veteran, specify WAR
(a) Residence: No. 2202	(Usual place		St., Ward. Washington D. 6 U
PERSONAL AND STATISTICA			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 2/, 193 7 (Month) (Dev) (Year)
5a. If merried, widowed, or divorced 103BAND of (or) WIFE of John Jood	man		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 10	2 14. 1	906	1 lest sew h
7. AGE Yeers Months	Days	If LESS than	to heve occurred on the dete steted above, et. 9. Pm.
31 9	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
& Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	mai	<u> </u>	were es follows: Date of ones. Date of ones. Date of ones.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et	Stone	,	
10. Dete deceased lest worked et this occupetion (month end yeer)	11. Totel t spe	ime (years) nt in this upetion	
12. BIRTHPLACE (city or town) (State or country)	andle	M.A.	Other Contributory Causes of importence:
	nna	nd	
14. BIRTHPLACE (city or town) (Stete or country)	Cana	lina	Neme of operation
15. MAIDEN NAME Janne	Har	roy	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (State or country)	Can	olina	Accident, suicide, or homicide?
17. INFORMANT			(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Mask. D.	Date In	23,1937	Manner of Injury
19. UNDERTAKER Chas The	med.		24. Was disease or Injury in any wey releted to occupetion of deceased?
20. FILEDUOY 2 2 , 19 3 7	Sala	news m	(Signed) Daniel Rea Pinneare M. E. (Address) & lenn Dale Sanaterium
If more blan	ks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Sam Pale md

4 1 4 4 6 ()

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

should state

1. PLACE OF, DEATH	TERTIFICATE OF DEATH 12113
County France Geos,	Registration Dist. No. 243
Aff	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. (Usual place of abode)	s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wifethe word)	21. DATE OF DEATH Mov. 29, 1937 (Month) (Oay) (Year)
50. If married, widowed, or divorced HUSBANO of (or) WIFE of Husband	22. I HEREBY CERTIFY, That I attended daceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oete decessed lest worked at this occupetion (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town)	I last saw h; daath is sald to heve occurred on the date stated ebove, atm.
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Laura Oata Part 1, 1937	Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury Nature of injury
19. UNOERTAKER M. Fluding & Soul. 20. FILED Dec 10 , 1937. Flow our Soul Registrar.	24. Was disease or injury in eny wey related to occupetion of deceased? If so, specify (Signed February Grant Corners Corners Corners Corners Caddress) Save, Mid. 14th Day 19. 4.00.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	20	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,19	27 Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,19	23 Gastroenteritis	1 year	

STATE OF MAR	RYLAND—	CERTIFICATE OF	DEATH 12114
1. PLACE OF DEATH		510	
County France Slo	iges	Reg	gistration Dist. No. 245
Village or City 6. Riverda	6 701		St. Ward
Length of residence in only or town where death occurred	(If	death occurred in a hospital or institution, give	e its NAME instead of street and number)
2. FULL NAME acou Ha	geman	If U. S. Veteran, specify	WAR
(a) Residence: No. // arguena	te of abode)	St., Ward.	nonresident give city or town and State
PERSONAL AND STATISTICAL PART			FICATE OF DEATH
	RRIED, WIDOWED,	21. DATE OF DEATH	10/112
or pryorc	ED (write the word)	llov	
5a. If married, widowed, or divorced	yua	(Mont	th) (Day) (Year)
HUSBAND OF Mar Hagen	nan	22. THEREBY CE	RTIFY That I attended deceased from
(20)0	15/17	, 19.2	f, to
6. DATE OF BIRTH (month, day, and year)	16/	I lest sew h. Lag. alive on.	19: 192 / ; death is sai
7. AGE Years Months Days	If LESS than 1 day,hrs.	10 have occurred on the date stated above, The PRINCIPAL CAUSE OF DEATH end re	
10 1 7 1 10	ormin.	were es follows:	Date of ones
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	19(90).	acute Cardian	Welitation 11/271
		- Ucule Carria	Villalein 11/27/
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		<i>a</i> :	0
	time (yeers) cent in this coupation 5 yrs.	Greaty Course : Course	
12. BIRTHPLACE (city or town) I hilade filing	1	Other Contributory Causes of importance:	1.5
(State or country)	Terma.	persible Co. F	1 kintali
13. NAME Jacob Hageman	1		procure
13. NAME acob Hageman 14. BIRTHPLACE (city or town) Philadely	This -	Name of operation	Date of
(Stete or country)	Lema.		Was 1here an eutopsy?
15. MAIOEN NAME Than Shadle		23. If death wes due to external couses (VIO	
15. MAIOEN NAME / Lary Shadle 16. BIRTHPLACE (city or town)			Date of Injury, 19
(Slate or country)	na.	Where did Injury occur?	
7. INFORMANT Mrs. Male Hay	man	Specify whether injury occurred in INDUS	city city of town, county and State) TRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	119	Manner of Injury	
Place arlington Nath Compate Not	30, 1937.	Neture of Injury	
9. UNDERTAKER J. M. Shambers & (Address) 9. Seleveland art	So.	24. Wes disease or Injury in any way relate	ad lo occupation of deceased?
h- ac 27h	Janes M.	If so, specify (Signed)	Mane,
10. FILEDI-167 - 28 -, 1921 - Thro - 100	Registrar.	(Address)	
If more blanks are needed,		2411 N. Charles Street, Baltimore, Requesting	To le Me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	7.		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		/ DEC	′
		10:	37

PHYSICIANS should state tD. Every item of infor-Exact statement of OCCUPA-IS A PERMANENT RE stated EXACTLY. properly classified. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

WRITE PL

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	82-20
county Prince George	Registration Dist. No. 242
Village or City Leat Pleasant (II	ND. 6205 Main St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. Mallie Hardesly (a) Residence: No. 6205 main St	If U. S. Veteran, specify WARSt., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surite the word)	21. DATE OF DEATH (Month) (Dey) (Teer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hordesty	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) May 20, 1853	l iest sew h en elive on 11-16 1937; deeth is seld
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted ebove, et 9.30 C.m.
84 5 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Cenetral Hermonlege water
SAWYER, BOOKKEEPER, etc.	afril.
work wes done, as SILK MILL, SAW MILL, BANK, etc	193/
S. Hade, profession, or particular to the kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month end 1927 spent in this occupation)	
12. BIRTHPLACE (city or town) Calount County (State or country)	Other Coutributory Causes of importence:
2 13 NAME Richard Startings	
13. NAME Rickard Startings 14. BIRTHPLACE (city or town). Calcust Country (Stete or country)	Name of operation
	Whet test confirmed diegnosis? Charital full Was there en eutopsy?
<u> </u>	23. if deeth was due to externel ceuses (VIOL ENCE) fill In elso the following:
(State or country) Colvent County M	Accident, sulcide, or homicide? Dete of Injury
17 INFIDMANT Maggie Deimston	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address) 1,6205 months leaf Wester	y was dayler home
18-BURNERSPEMATEN CORRESPONDE CONTRACTOR CON	Manner of Injury
Photome Somal Co Sof. Mila 19., 1927,	Nature of Injury
19. UNDERTAKEN I Stephen Brothers	24. Wes disease or Injury In any way related to occupation of deceased?
11-11-11-11-11-11-11-11-11-11-11-11-11-	If so, specify (Signed) Harman P Harole M.O.
20. FILED// 1.0 , 19.8 (Mene M. Downless Registrar.	(Address) 52 Chapel Rd Leas Pleasanty Q

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
Description of the second	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
, (

md.

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified. Ex

pe

ination should be carefully supplied. AGE should be

-WRITE PLAINLY, WITH

CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA-

	1. PLACE OF DEATH	23 (13)
	County Truce derges	Registration Dist. No. 248
1	Village or City Glenn Dale mo	No Glenna Pala Danatorin St., Ward
1		death occurred in a hospital or institution, give its NAME instead of street and number) 24 ds. How long in U.S. if of foreign birth?
,	2. FULL NAME To have Harrison	
	(a) Residence: No. 205 New York Cure N. W	Laborat Aug
	(d) Residence. 140. April 2005 (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sugle	21. DATE OF DEATH Ste (Month) (Day) (Day) (Day)
	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Single	22. May 12 to 1937 to Nove 5 to 1987
a.	6. DATE OF BIRTH (month, day, and year) March 23, 1919	I last sawn seem aliva on Most 5 to 1937; death is said
cat	7. AGE Years Months Oays If LESS than	to have occurred on the data stated abova, at
certificate	18 7 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trade, profassion, or particular kind of work dona, as SPINNER,	Date of onset
jo y	SAWYER, BOOKKEEPER, etc. Mose	Cuber colosis of the lungs
back	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	7
no	10. Data deceased last worked at this occupation (month and spant in this	Substitutions of the
	year) occupation 2000	Other Contributory Causes of importance:
ctio	12. BIRTHPLACE (city or town) Washaugten AC	ome statistics of migorance.
instructions	(Stata or country)	19.37.
	II 13. NAME John P. Narreson	Phrelis
See	14. BIRTAPLACE (city or town)	Name of operation. Date of
	(State of Country)	What test confirmed diagnosis? A Thury Law Was there in autopsy? 460
important	T AC	23. If death was due to external causes (VIOLENCE) fill in also the following:
por	16. BIRTHPLACE (city or town) 16. Cate or country)	Accident, sulcide, or homicide? Data of injury, 19 Whera did injury occur?
	17. INFORMANT SLISTER	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
very	(Address) 205 N.Y. Ave N.W.	
is v	18. BURIAL CREMATION OF REMOVAL LUCAL .	Manner of injury
	Place 1 to Coffee Que Oate Tom 6, 195	Nature of injury
LION	19. UNDERTAKER MISSEY CO-	24. Was diseasa or injury in any way related to occupation of deceased?
-	(Address) Stranger My Guy, Na-	If so, specify
	20. FILED 40 5 , 1937 9 6 hauento lan	(Signed) And Alo I muchan M. D.
	Registrar.	(Address) NAM Ago afarmy , Alexan Dak

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		-	Example II	
The principal cause of importance were.	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BETTERNEDII	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage:	DEC 4 1977	July 5,1927	Peritonitis	3 days ago
	egera, v. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE. stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AUSE OF DEATH in plain terms, so that it may be AGE should be ation should be carefully supplied. WRITE PLANKY, WIT

STATE OF MARTIANUTGER HEIGATE OF DEATH	DEATH	ND-CERTIFICATE	MARYI	STATE OF
--	-------	----------------	-------	----------

12117

1. PLACE OF DEATH	(3)
County Prince of Earge	Registration Dist. No. 243
Village or City Dry attenible R + W.	NoSt,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrs,mos:ds.
1 2 22	
	If U. S. Veteran, specify WAR
(a) Residence: No. Ayattsvelle 7	
(Javal place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	nor - 19 - 1937
Male Will shidowed	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended decaesed from.
(or) WIFE of Ethel Q. Plasetime	Nov! 1937, to lov 19 19 27
6. DATE OF BIRTH (month, day, and year) meh 28-1866	I last saw h lace aliva on Nov 19 , 1937; daath is sald
7. AGE Yaars Months Days If LESS than	To heve occurred on the data stated above, at 3-32 a.m.
71 7 21 1 day,hrs.	The FRITCH AL CAUSE Of DEATH and faretag Gauses of Importance
- 18. Trada profession or particular	Wara as rollows: Pate of one of the 14
18. Trada, profassion, or particular kind of work dona, as SPINNER, But of Justice	
9 Industry or husiness in which	
work was dona, as SILK MILL, SAW MILL, SAW MILL, BANK, atc.	Musocar hi olin ?
10. Dete deceased last worked et this occupation (month and	Turkule che
this occupation (month end year) spent in this 36 occupation	Other Coatributory Causes of importance;
12. BIRTHPLACE (city or lown)	Other Cantibatery Cases of Importance.
(State or country)	Untalle
13. NAME HEURY Maisking	0
13. NAME HUNG NAME 14. BIRTHPLACE (city or town)	Justilector Jale 16
14. BIRTHPLACE (city or town)	Neme of operation Date of Date of Market New York New Yor
	What test confirmed diagnosis? Was there an autopsy?
I IS. MAIDEN HAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME May Grancle 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 409 of Chaureses	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ballimore MA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa / Carrow Note 2000 - 1907	Nature of Injury
19. UNDERTAKER Ut. Jacobe Jose	24. Was disease or injury in any way related to occupation of deceased?
(Address) elystyelle and	If so, specify
20. FILEBUR 24 , 1927 Day Severy	(Signed) M. D.
70. THE PLANT OF THE PARTY OF T	.6// / > 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------	-------	---------	------------	----	-----------

of OCCUPA-

Exact statement

be properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

-WRITE

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		210-(10)
County Prince Slev	ges as	Registration Dist. No. 246
Village or City MT. Raini	er man	No. St. Ward
Land of the state	17	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurred y yrsmos	ds. How long In U.S. 11 of foraign birth?yrsmosds.
2. FULL NAME Gold Vm	Alney.	If U. S. Veteran, specify WAR
(a) Residence: No. 3509-Rho.	de Island on	
PERSONAL AND STATISTICA	DARTICIII ARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	OR DIVORCED (runte the word)	nov, 27 1937
5a. If married, widowad, or divorced	marray.	(Month) (Day) (Yaer)
HUSBAND of OMBARA TO ON	lo les	22. I HEREBY CERTIFY, That I attanded deceased from
Mary 1. A	entry.	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Mor	r. 1. 1859	1 last saw h; death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 7: 27 P. m.
18 0 2	f day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causas of Importanca
8. Trade, profession, or particular kind of work done, es SPINNER, BUILDING SAWYER, BOOKKEEPER, etc	F. Farmer.	Struck bry automobile 11/22/37
4 9. Industry or business in which	V	
work was done, as SILK MILL, SAW MILL, BANK, etc.	,	
10. Date decaased last worked et this occupation (month and	11. Total time (yaars) spant in this occupation	
year)	occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Monga	mery County	Other country cause of importance.
(State or country)	mag o	'I'a
13. NAME Poblet Denl	ly,	
13. NAME POOLS Sent	willy	Name of operation Dete of
(State or country)	· md,	What tast confirmed diagnosis?
15. MAIDEN NAME Sarah My 16. BIRTHPLACE (city or town) Proch	lucan	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Proch	will	Accident, swieide, or homicide? \P.S. Date of Injury "/27 ,19.37
∑ (State or country)	md	Where did injury occur? 17 t. Rainieh P.G. Co. 17d. (Specify city or town, county and State)
17. INFORMANT Haymond &	ardone	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 900-y. Madison	aul, Hyatto ma	Rhodels and MM. Rainien, Md.
18. BURIAL, CREMATION, OR REMOVAL	2-530 37	Menner of injury Struck by automobile
Place JUM CALMENTO DIA. Di	ate nov. 30, 1937	Nature of injury Fracture skull, internal injuries, fractured (19)
19. UNDERTAKER Ulmus 8. S. (Address) 3200-6, # and miles	pearl.	24. Wes disease or injury in any way related to occupation of deceased?
LAT 26 30 1/100	ball he	(Signal harles C. Hageage M. D.
20, FILED 1, 1931 //	Registrar.	(Signal mutter S. Hagery M. D. (Address) M. Rainler, M. D.
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

mather should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. (ARGIN RESERVED NLY, WITH White PLAI

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- and 14113
county of sence senge.	Registration Dist. No. 238
Village or City Colinton.	
	NoSt,Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	osds. tlow long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cacob. C. Himm	ian.
(a) Residence: No. / Clinton md.	St. Warel.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (Write the word)	21. DATE OF DEATH Stovember 26, 193 7
5a. If married, widowed, or givorced	(Month) (Day) (Year)
(or) WIFE of Sophia Human	22. I HEREBY CERTIFY, That I attended deceased from
Copper Morenne	nor 8 ,1937 to now 26 ,1937
6. DATE OF BIRTH (month, day, and year) March 5, 1858	I tast saw have alive on 2150 25 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _7.20 Rm.
79 8- 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onest Trov 8.3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- Chis seed barren (month and	
year) occupation	Other Cuntributory Causes of importance;
12. BIRTHPLACE (city or town)	
(State or country), Indiana.	Parts Muscarditi : duration : Rour
13. NAME Samuel Human	days out a
13. NAME Samuel Hennian 14. BIRTHPLACE (city or town)	Name of operation
(State or country) Unknown:	What test confirmed diagnosis? 2 and Was there an autopsy? 20
15. MAIDEN NAME Harry Rechardson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Havy Rechardson	Accident, suicide, or homicide? Date of Injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
nite of	(Specify city or town, county and State)
17. INFORMANT full Arman. (Address) la lin land.	Specify whelher injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	M
Place Wash. Dle Date nov. 26-193	Manner of Injury
atio And	reactive of impury.
19. UNDERTAKER 1. T. COSTELLS	24. Was disease or injury In any way related to occupation of deceased? 40
(Address) 1722- north Cap Cx. Ward De	If so, specify
20. FILED KNV 15 , 1937 Sueyst, Frederican Registrar.	(Signed) O H Moriganery M.D. (Address) 623-6 27 8th S.W.
If more blanks are needed, address State Registrar	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTIFICATE OF DEATH

CTATE OF MADVIAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory gauges of importance	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year

V. S. No. 1

1. PLACE OF DEATH	(19)
County Prince Georges	Registration Dist. No.
Village or City Hyattsville, Md.	No. St. Ward
26	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
	If U. S. Veteran, specify WAR
(a) Residence: No. 6 Ralston Ave (Usuai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH November 6th (Month) (Dey) (Year)
5e. If married, widowed, or divorced	(month) (bey) (feat)
HUSBAND of (or) WIFE of Single June 15th	22. I HEREBY CERTIFY. That I attended decessed from June 15th 19.37, to November 6yh 19.37 I lest saw here elive on November 6th 19.37; death is said
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE 26 Years 10 Months 114 Deys 1 If LESS than	
7. AGE 26 Years 10 Months 14 Deys If LESS than I dey,h	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, Stenographer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupetion (month and yeer) 11. Total time (years) spent in this occupation	Splenic Anemia Recrosiof soft palate & upper maxillary Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Reltimore (State or country)	
13. NAME Maurice H. B. Hoffman	
13. NAME Maurice H. B. Hoffman 14. BIRTHPLACE (city or town) Frederick, (State or country) Md	Neme of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
E 15. MAIDEN NAME Mary S. Shipley	
15. MAIDEN NAME Mary S. Shipley 16. BIRTHPLACE (city or town) Baltimore, (State or country) 17. INFORMANT M. H. B. Hoffman	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Hyattsville, Md.	The state of t
18. BURIAL, CREMATION OR REMOVAL Plec Nat Ministerial Park md. Dete. Nav. 9, 19.3.	Menner of injury
19. UNDERTAKER 47. Gaselis Inns (Address) Abgalleulle md	24. Wes disease or injury in any was related soccupation of deceased?
20. FILED Nov. 9", 1937 mo Jas Aleren	(Signed) Cleaner M. D. (Address) Servey M. A.

If more blanks are nieded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	į.	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1924	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

Count	ty Prince &	lenges:		2.3	Registration	Dist. No 2	43
	re or City	n Dale,	U (If	No. Glenn & death occurred in a hospital or	Rale San	Farust.,	Ward number)
	0	death occurred yr	s/mos	f.&ds. How long in U.		yrs.	_mosds.
	NAME Worath	y farmes	n. W.		eran, specify WAR	-	120
(a) K	esidence: No. 909 C	(Usual place of about		St., Ward.	If nonresiden	give city or town a	nd State
PER	SONAL AND STATIST	TICAL PARTICUL	ARS	MEDICA	L CERTIFICATE		
3. SEX Femo	le 4. COLOR OR RACE	5. SINGLE, MARRIED, OR DIVORCED (write	the word)	21. DATE OF DEAT	hor.	24	., 193. 7 :
5a. If married	, widowad, or divorced	sengl	L		(Month)	(Day)	(Yaar)
(or) WIF		filmover ell		22. hor 16	BY CERTIF	Y. Thet I ettende	ed dacaasad from
6. DATE OF E	BIRTH (month, day, and year)	april 7 - 14.	15	I last saw h_ev aliva o	n 24 of n		Z.:; death is said
7. AGE	Years Months		f LESS than	to have occurred on the date	steted ebove, at3		
2	7		y,hrs.	The PRINCIPAL CAUSE OF ware as follows:	DEATH and related caus	sas of Importance	1
8 Trada	, profession, or particular	D. o tin		Fachidvances	1 Pulmons	my	Date of onset
Si	nd of work done, as SPINNER, AWYER, BOOKKEEPER, etc	(Paurah F)		Jul	erculosis.	7	May 3.
A Mudus	try or business in which ork was dona, as SILK MILL, AW MILL, BANK, etc	4 / 55 / 55 /					
10. Date	decaasad last worked at its occupation (month and 3	11. Total tima (ya spent in the occupation	is A_				
12. BIRTHPL	ACE (city or town) Wash	ing for all		Other Contributory Causes of	f Importance: Pulm	ignary)	10 mean
1	or country)	· Thomas.					
13. NAME	Ja nas	1 Paris					
(0	HPLACE (city or town)	ash of C.		Name of operation What test confirmed diagnos	is? X+ray + pg	Dete of Was there a	n autopsy?_ k_1
15. MAID	EN NAME Mag	gel Cole.	- 9 11	23. If death wes dua to extern	al causas (VIOL ENCE) fi	II in also the follow	ing:
16. BIRTH	HPLACE (city or town) M. a.	shengton a		Accidant, suicide, or homicid	le?	Oate of Injury	, 19
E (S	State or country)	1		Where did injury occur?			
17. INFORMAN (Addre				Specify whather injury occur	red in INOUSTRY, in HO	town, county and S OME, or In PUBLIC I	tate) PLACE,
18. BURIAL, Ç	REMATION, OR REMOVAL			Manner of Injury			
Place_	Mashey A.L.	Data Mov. 2	1, 19/95	Nature of injury	* 000 + 0 = 0 = 0 = 0 = 0 = 0 = 0		
19. UNDERTAI		Stewart	1.120	24. Was disease or injury in a	any way related to occup	ation of decaased?_	ho
20, FILED.	W/26, 19 BY	Farmer	Dn	(Signed) R on	el Leo F lenn Dale	invicante sanatore	

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 4 1937			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
	4)

V. S. No. 1

County Truice Leon	ger.	13.00	Dogietration F	ist. No. >3	Section 10
Village or City / Zelto	17 11	Ma	Registration L		
Village of City 1	<u> </u>	NONoNorpital or institu	tion, give its NAME	instead of street and	Ward
Length of residence in city or town where d	aath occurredyrs,mo	sds. How long in U.S. if o	f foraign birth?	yrs	mosds.
2. FULL NAME SUCCY	rugersoll V	Hyalf U. S. Veteran,	specify WAR		
(a) Residence: No. Delts	ville ned.	St., Ward.			
	(Usual place of abode)			ive city or town as	d State
PERSONAL AND STATISTI			ERTIFICATE	OF DEATH	
LEwale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	11	6	, 193 7
a. If marriad, widowed, or divorced	7 11		(Month)	(Day)	(Yaar)
(or) WIFE of January	Hyurs	22. 7/4/HEREBY	CERTIFY	That I attende	d deceased from
DATE OF BIRTH (month, day, and years	e. 04, 1870	i last saw h. W. aliva on	11/6	19.3	7: death is said
. AGE Year's Months	Oays if LESS than	to have occurred on the data state	d abova, at	As m.	/
66///	2 I day,hrs.	The PRINCIPAL CAUSE OF DEAT	H and related causes	of Importance	1
8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, atc	ousewife	acute Carde	ac bleleta	lesse	Oata of onset
9 Industry or business in which		Generaline	Car cerson	nativeis	P
work was dona, as SILK MILL, SAW MILL, BANK, etc	1	printar	in recti	en.	1936
10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation				
Aans	un.	Other Contributory Causes of Impo	ortance:		
2. BIRTHPLACE (city or town) (State or country)		-			
1 1/1 1/1 1/1	sell.				
		None de la Corre	Laborat	744	8/20/2
14. BIRTHPLACE (city or town) A Con	rofes	Name of operation What test confirmed diagnosis?	36/	Date of	7200
15. MAIOEN NAME THE AMERICA	Judson	23. If death was due to external car		Was there an	
15. MAIOEN NAME CELLULA 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide			
(State or country)	usus	Where did injury occur?		ate of injury	, 17
7. INFORMANT LEWELL !	Styatt	Specify whether Injury occurred in	(Specify city or to INDUSTRY, In HOM	own, county and St E, or in PUBLIC P	ate) LACE.
8, BURIAL, GREMATION, OF REMOVAL	1 / 5				
Place / Jal Day Weal	Hab 11/9 193	Manner of injury			
9. UNDERTAKER MINISTER	well !	Nature of injury 24. Was disease or injury In any w	ay releted to occupat		
(Address 11 7 9ex Cl	21 suver gr	if so, specify	rest fine	X	e
20. FILED 7 M 9, 1957 Man	marile F. Milian	(Signed) / Man	River	e ua	M. 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	very item of infor-	IANS should state	ment of OCCUPA-	\
'ADING INK—THIS IS A PERMANEN ed. AGE should be stated EXACTI is, so that it may be properly classified, tructions on back of certificate.	IT RELAD. E	Y. PHYSIC	Exact state	
ADING INK—THIS IS Aged. AGE should be state is, so that it may be propertructions on back of certif	PERMANEN	EXACTI	erly classified.	icate.
ed. AGE shis, so that it tructions on	A SI SIHT-	ould be state	may be prop	back of certif
	FADING INE	ied. AGE sh	ns, so that it	tructions on
refully suppl	WILL UNI	refully suppl	I in plain terr	tant. See ins
SITE PLAMELY ion should be cure Size OF DEAT!	TE PLANT	n should be c	SE OF DEAT	is very impo

STATE OF MARYLAND	CERTIFICATE OF DEATH 1212	23
1. PLACE OF DEATH	(131)	
County 11. tes Co.	Registration Dist. No.	
Village or City Unitelia Maryland.	No. St. Callum Notice St., death occurred in a horpital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where daath occurredmos		ds.
2. FULL NAME Deorge Luff	If U. S. Veteran, specify WAR	*****
(a) Residence: No. MacOsmudu and Cast (Usual place of abode)	inordale Ward. Md.	
	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warrie &	21. DATE OF DEATH Orember 14 (Month) (Day) (Ye)	7 (ar)
5a. If marriad, widowad or divorced HUSBAND of (0s) WHE Of	22. 1 HEREBY CERTIFY. That I attended decaased.	d from
6. DATE OF BIRTH (month, day, and year)	I last saw h. Am. aliva on N. St 13 19.37 : death	la sold
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:40 A.m.	12 2910
67 4 9 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	fonset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	arteris-schlertie Cardis- 34	noag
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and	rascular renal disease	(
10. Dala dacased last worked at this occupation (month and year)		
Brakley	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Construct Parameter V	× 13
13. NAME TOLKY TUIL.	19.	٥/
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?.	
IS. MAIDEN NAME CLEEN DIMPSY.	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) - 200	Accident, suicide, or homicide? Date of Injury, 19.	
(State or country) Teleana.	Whara did injury occur?	
17. INFORMANT M. See Tuff. (Addrass) De CO 100 A	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Hashington C. C. Date 11-14, 1937	Natura of injury	
19. UNDERTAKER A. M. Chambers 19	24. Was disease or injury in any way ralated to occupation of dacaasad?No	
(Address) 0/7-/12 SV, SCos	If so, specify	
20. FILEO /1-14, 1937 Thos D Suffells	(Signed) W. Dut Walchie	_ M. D.
Registrar.	(Address) I'll Dammy Ha I)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السلسا		

should state Exact statement of OCCUPA-RD. Every item of infor-AGE should be stated EXACTLY. properly classified.

UNFADING INK-THIS IS A PERMANENT RE TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	y	67
Village or City Casy	Riverdila	Registration Dist. No. St., Ward No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Char	les magnification occurred yrs mo	ds. How long in U.S. If of foreign birth?dsdsdsds
(a) Residence: No. Lcu	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND ST	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR R	ACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I ettended deceased from
9 Trade profession or particular	Onths Deys if LESS then 1 day,hrs. ormin.	1 last saw h; death is said to have occurred on the date stated above, etm.
8. Trade, profession, or particular kind of work done, as STILK MII SAWYER, BOOKKEPER, etc. 9. industry or business in which work was done, as SILK MII SAW MILL, BANK, etc. 10. Dete decessed last worked at this occupation (month and year).		Statusten Justice
12. BIRTHPLACE (city or town)	lumbia Elefit:	Other Contributory Causes of Importance: Culturancy (Hyfortatic)
13. NAME Solom. 14. BIRTHPLACE (city or town) (State or country)	LOG.	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	me Whater	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Oate NOT 20 3 19 37	Manner of injury
19. UNOERTAKER (Address) 20. FILEO MODE 20, 1933	gelis Jone Vallaulle med Mas Jas Blockel	24. Was disease or injury In any way releted to occupation of deceased? If so, specify (Signed) (Address) Red C Darb Afr Oct

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	Harrier .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

	-CERTIFICATE OF DEATH	2125
1. PLACE OF DEATH	46-20	
County Trime Teagl	Registration Dist. No.	13
Village or City Spalleville Mid	No. St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
Length ol residence in city or town whera daath occurredyrs,/mo	os. 23 ds. How long In U.S. If of foreign birth?n	nosds.
2. FULL NAME George Jussell 11,	Magnifill If U. S. Veteran, specify WAR	
(a) Residence: No. 6/ Knanfland (UNC Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE OR DIVORCED (grite the word) Marriel	21. DATE OF DEATH	, 1937
5a. If married, widowed, or divorced HUSBAND of	(Worth) (Day)	greer)
(or) WIFE of Ruth Marie, Mapwell	22. I HEREBY CERTIFY, That I attended	decaasad from
6. DATE OF BIRTH (month, day, and year) Sept. 264 1865	I last saw h. 1711 alive on The 17 1933	2: death is said
7. AGE Yeers Months Deys 11 LESS than	to heve occurred on the date stated above, at 420cm.	/
12 1 22 1 day,hrs		Data of onsat
8. Trade, profession, or particuler kind of work dona as SPINNER, Caste Settler		,,
SAWYER, BOOKKEEPER, atc.	Carcinoma & reclum	. Driver
9. Industry or business in which work was done, as SILK MILL, Jovernment Printing	D	
kind of work dona, as SPINNER, Gaste Setter SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and the same spent in this occupation) 11. Total tima (years) spent in this occupation cocupation.		
12. BIRTHPLACE (city or town) Balturione	Other Contributory Causes of Importance:	
(State or country) Maryland,		
13. NAME Heroey / Marwell. 14. BIRTHPLACE (city of town). Ballingue		
14. BIRTHPLACE (city or town) Baltimore	Name of operation Lemonale ald Latoney Data of	aug 6.3
(State or country) mary land.	What test confirmed diegnosis?	autopsyl - MA
15. MAIDEN NAME Mary Larder 16. BIRTHPLACE (city or town) Baltimore (State or country)	23. Il daath was due to axternal causas (VIOLENCE) fill in also the Iollowin	ng:
16. BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicide? Dete of injury	The same of the sa
E (State or country) Mary East.	Where did Injury occur?	
17. INFORMANT Pauline of Bearers (Address) 4-308-1011 St. 116 Theat Well	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pl	
18. BURIAL, CREMATION, OR REMOVAL Bladesshure	Managal Jaluar	
Place Civerageless Cemelergode m 21/ 1937	Menner of Injury	
19. UNDERTAKER 4. Gasch Sons	24. Was disease or injury in any way related to occupation of dacaased?	no
(Address) 46 Maryland Wentyatters	If so, specify	
20. FILED. N. 19.37 Mass. Constraint.	(Addrass 822 Bell Worl St. 11 11 11	Maile Ox
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W-15	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

md.

FOR BINDING

IARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	CERTIFICATE OF BEATT
1	County Prince George	Registration Dist. No. 243
1	Mo. 0~0~	Alla Jale Sanctonia
	1 111000 01 011	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred yrs	
	2. FULL NAME / liller Thelma	100 1 0 0
	(a) Residence: No. 1527 - Fifth St M. W.	St. Ward. Washington D.C.
	(Usual place of abode)	If conresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. AEX 4. COLOR OR RACE OR DIVORCED (write the word) Surgle 3. AEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Surgle	21. DATE OF DEATH November (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That I attended deceased from
	(or) WIFE of	May 26 1937 to November 8 1937
e.	6. DATE OF BIRTH (month, day, and year) Sept 15, 192/	Hast saw her alive on November 8 1937 death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
certificate.	16 1 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
ceı	2 Trade profession or particular	Date or onset
Jo	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Suberculons of he dungs 1936
back	9 Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
instructions on	10. Date deceased last worked at this occupation (month and year)	
ion	Vac	Other Contributory Causes of Importance:
net	12. BIRTHPLACE (city or town) (State or country)	
ıstr	II 13. NAME James Miller	
e ir	14 BIRTHPLACE (city or town) Va	Name of operation Date of
See	14. BIRTHPLACE (city or town) / / (State or country)	What test confirmed diagnosis Laboratory 1. Ray Was there an autopsy? No
ıţ.	15. MAIDEN NAME Salada Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIDEN NAME Salada Jones 16. BIRTHPLACE (city or town) N. J. (State or country)	Accident, suicide, or homicide? Date of injury 19
pol.	State or country)	Where did Injury occur?
Ë	17. INFORMANT Mother 1527 - Fifth St N. W.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
ery	(Address)	
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Washing In BC Date Mar. 8 , 192	Nature of injury
TION	19 UNDERTAKER Scerns of Murray Co	24. Was disease or injury in any way related to occupation of deceased?
I	(Address) 7105-1287. Les	If so, specify
	20, FILED / 5- 1937 Draugus to my	(Signed) Daniel Leo Jinicare M. D.
	Registrar.	(Address) of line Dale Sanstorum, Slans Dal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 4 1937			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

-WRITE

1. PLACE OF DEATH	(131)
County Junge Long !	Registration Dist. No.
Village or City Oby alls alle	No. Vacred/Keart Itme St. Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U. S. if of foreign birth?yrsmosds.
6/11/00	JSyrsmosgs.
(a) Residence: No. f.5 1 Septent ave (Usual place of abode)	St., Ward. Cumlesland Med .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
59. If married, widowed, or divorced	
(or) WIFE of James O' Halloran	22. HEREBY CERTIFY. That I attended deceased from May 1937, to WW 3 1937
6. DATE OF BIRTY (nonth, day, and year) Dec 14, 1861	I last saw h. A. falive on
7. AGE Yedrs Months Days If LESS then	to have occurred on the date stated above, at
75 6 19 1 usy,min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Caerelsal Gubolism Nov. 3/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and	
O 10. Date deceased last worked at this occupetion (month and year)	
12. BfRTHPLACE (city or town)	Other Contributory Causes of importance: (Dardes Masserlan renal disease 1935 (Rorteles
# 13. NAME ambrose Bevaux	They heatersom.
13. NAME ambrose Bevaus 14. BIRTHPLACE (city or town) Va.	Name of operation. Living Date of
(State or country)	What test confirmed diagnosis? Lolonical Was there an autopsy? My
15. MAIDEN NAME Mary M Driald.	23. If death wes due to externat causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Mary M & wald.	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James O Halloran (Address) 1 651 Selega Tare Cambelland W.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PRINCE SUN 6 13	Menner of injury
Tapo byg ma.	Nature of injury
19. UNDERTAKER ALLOW SALES (Address) Comprehensives Med	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED NOV. H., 1937 Man Jan Devens. Registrar.	(Signed) Muss Mattingly M. D. (Address) 2200 R. D. 200 M. D. Wolf D.
If more blanks are necond, address state Registras	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory express of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 6 1937	915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF, DEATH	121:
county Truce Glores	Registration Dist. No. 242
Village or City Caputal New subs	No
	If death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME asaav To Poc	ne
(a) Residence: No, Capulal Herghs	St., Ward.
(Usual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If merried, widowed, or divorced	(Month) (Day) (Yé
HUSBAND of marie In Prope	22. I HEREBY CERTIFY, That lattended deceesed
6. DATE OF BIRTH (month, day, end year) Dely, 9 1884	, 19 , to , 19
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, at /
53 1 dey,hrs	ware as follows.
8 Trade profession or perticular	natural Causea. Osto
kind of work done, es SPINNER, June	Immediate cause, Coronsony throwolosis, Cango.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 3. Control of the state o	(This mon had not
O Rate deceased lest worked at 11 Total time (years)	outful from any found
this occupation (month and year)	ettes, kud arappad
12, BIRTHPLACE (city or town) Washington	Other Contributory Causes of importance:
(Stete or country)	on the road There wa
13. NAME Roland L. Porce	no autopay
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Exaliety.	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Urginia	Accident, suicide, or homicide? Dete of Injury
(State of County)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Marie My 1002	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Cedar Hell Date Nov 2 11, 1937	Neture of Injury
19. UNDERTAKER W. W. Deal.	24. Wes diseese or Injury In eny wey releted to occupetion of deceesed?
(Address) 816 - H - h E	If so, specify
20. FILEO 1/- 23-, 1937 Julie Q. Comple. Registrar.	(Signed) (Address) A colored
If more blanks are needed, address State Registra	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
	1 week ago
Pour annu les atmost ann	
Kun over by street car	1 week ago
Peritonitis	3 days ago
Dr. 4: 3: 4	
Other contributory causes of importance:	
Gastroenteritis	1 year
, A	
	Other contributory causes of importance:

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12129
County Prince Coorses County	Registration Dist. No. 243
Million and Change Dalla 16 2 3	w dlama Dala Canal
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	s17_ds. How long In U.S. if of foreign birth?yrs,mosds.
	If U. S. Veteran, specify WAR WAR
(a) Residence: No. 2032 Higdon Road, N. E. (Usual place of abode)	St., Ward. Washington, D. C. (If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 11 , 193 7 (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Mildred Pope	22. I HEREBY CERT1FY, That I attanded deceased from
No 70 7000	Sept. 24 19 37 to November 11 19 37 least saw h im alive on November 11 19 37 death is said
6. DATE OF BIRTH (month, day, and year) May 12, 1902 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 1:30am.
35 4 29 orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	wera as follows: pulmonary tuberculosis Date of onset 1928
kind of work dona, as SPINNER, Baker	
9. Industry or business in which work was dona, as SILK MILL, Hotel	
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and by yaar) yaar) 11. Total time (yaars) spent in this occupation yaar)	
12. BIRTHPLACE (city or town) Georgia (Stata or country)	Other Centributery Causes of Importance: cardiac decompensation
13. NAME Lester Pope	
13. NAME Lester Pope 14. BIRTHPLACE (city or town) Georgia (Stata or country)	Nama of operation
置 15. MAIDEN NAME Emily Ely	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Emily Ely 16. BIRTHPLACE (city or town) Georgia (State or country)	Accident, suicide, or homicide? Date of injury 19
17. INFORMANT Deceased (Address) Same as above	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place and Mary Market Operation 10 /3, 1937	Manner of Injury
19. UNDERTAKER Denothy Hagles (Address) 641 July 19	24. Was disease or injury In any way related to occupation of deceased? NO
20. FILEO/100. // 19 HKolm english my Registrar.	(Signed) & aniel Lev & mucare M. D. (Address) & lem Dale Sanatorium

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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te of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly 5,1927	Peritonitis	3 days ago
ay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 ly 5,1927	1915 Attack of epilepsy 1921 Run over by street car ly 5,1927 Peritonitis Other contributory causes of importance:

Tempor ny

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		49-20
County True	Zeace 2	Registration Dist. No.
Village or City Dut. K	aime Main	No. 398/ Raine are St., Wa
Length of residence in city or town where deat	occurred 21/2vrs mos	f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth?
2. FULL NAME Lettie Many U	100+ 0 '	- 1-
(a) Residence: No. 3 9 8	Roman Guice	D OA W. J
(a) Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
	f. Quick	22. I HEREBY CERTIFY, That I attended deceased from the second se
	w 30-1877	I last sew h 2 alive on 1937; death is se
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at L. P. A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Treda, profession, or particular	2 ormin.	Corpins 1 Left Over 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	& Etome	metostore to Roction and
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Dale deceased last worked at		Bladda 1936
10. Dale deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) 45 E Enc (State or country)	e n.4	Other Contributory Causes of Importance;
	sha Mine	
13. NAME SEO. M. 14. BIRTHPLACE (city or town) (State or country)	4	Name of operation Pertial Common of many Data of 1933 What test confirmed diegnosis? Pethological Reportwas there an autopsy? Le
15. MAIDEN NAME Susur me-S	Wallow	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME SUSCESS Me-S 16. BIRTHPLACE (city or town)	at/	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT SEE 24	Ruck	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 3981 - Stamuer and	mo Romer Md	
18. BURIAL, CREMATION, OR, REMOVAL	Date Nove 4, 1937	Manner of injury
(4) 4 ds	P	Nature of injury 24. Was disease or injury in any way related to occupation of daceased? 200
19. UNDERTAKER Jaseum (Addrass), Alexalle	relle med.	If so, spacify
20. FILED /1/4 , 1937 //ac	ey halle, M. D. Registrar.	(Signed) W.B.Moyers M. (Addrass) 3303 Penny St. Nat. Ramin
If more blan		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioscterosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
THEFT	DI ZIOL	TOTE	T CIC LILLION	DYTTHITHING	A) A	A ALL DECKM	444

(ARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	-CERTIFICATE OF DEATH
County of rince George	Registration Dist. No. 242
Village or City Caph Jag 15/	ND. St Warr
	If death occurred in a hospital or institution, give its NAME instead of street and number) sdsHow long in U.S. If of foreign birth?yrsdsds
2. FULL NAME James It May	If U. S. Veteran, specify WAR
(a) Residence: No. 3 17-6/2 Auch	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4, COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH OU 94 193 (Year)
a. If metred widowed, or divorced HUSBAND of	22. ALLII HEBEBY CERTIFY, That I attended decessed fro
(or) WIFE of Jusie a pooch	1000 18 ,1987 to 1000. 29 ,198
DATE OF BIRTH (month, day, end yaar) Auch / 1863	I last saw h. T.W. elive on NOV. 28, 1987; daath is sai
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated ebove, atm.
79 20 17 ormin.	mara se fallows.
8. Trade, profassión, or particular kind of work done, as SPLNNER, SAWYER, BODKKEEPER, etc.	RENAL DISEAS
9. Industry or business in which	7,-11,2 10,0 1,0
work was done, as SILK MILL, SAW MILL, BANK, atc	
11. Total time (years) this occupation (month and year) occupation	
	Dthar Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	PARALY SIS
13. NAME I Clean Asach	
14. BIRTHPLACE (city or towar)	Neme of operation
(Stete or country)	What test confirmed diagnosis? Was there an eutopsy!
15. MAIDEN NAME Fusio Sumbly	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
16. BIRTHPLACE (city or town) (Stete or country)	Whare did Injury occur?
7. INFORMANT Stalls Acade South 18	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Plipe nate 100 19 19 19 19 19 19 19 19 19 19 19 19 19	Nature of Injury
UNDERTAKER CAddress STT-	24. Was disaese or Injury In any way releted to occupation of dacaased?
0. FILED 11 94-, 1987 There O. Comer. Registrar.	(Signed) WULL W. FOY & M. (Address) 409-58/N.E. WASH. D.C.
If more blanks are needed, address State Registrar	, 24xx N. Charles Street, Baltimore, Requesting V. S. No. x.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - 1947	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-

OCCUPA-

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Prince George	Registration Dist. No. 24 3
Village or City Glem Dale	No. Henn Dale Janatoning Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrs mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lel Serena	
(a) Residence: No. 916 - 45 Place N & . (Usual place of abode)	St., Ward. Washington D.C. V. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sunale	21. DATE OF DEATH November (Month) (Oay) (Year)
5a/If married, widowed, or divorced HUSBAND of	(Month) / (Oay) (Year)
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF RIRTH (month day and year) April 8, 1920	April 20 , 1937 to November 9, 1931
V. Brief Cr. Breeze (month) day, and year)	1 last saw it. C. 2 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	The state of the s
S. Hade work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the last worked) this poculation (month and the last worked) 11. Total tima (years) spent in this	Jule exculs us of the Lungs Merch 193/
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and for 1936 spent in this year) yaar) 11. Total tima (years) spent in this occupation	
yaar) Occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME James a. Lee	
13. NAME James a. Lee 14. BIRTHPLACE (city or town) Ya (State or country)	Name of operation Oate of Oate
	What test confirmed diagnosist abnatory X - Kay Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mother, 916 - 45 Place N. E. Wash DE (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL & Se 7 2 2 37	Manner of injury
Place of Ahrylos Date MVL 14, 19	Nature of injury
19. UNOERTAKER 13. Throng (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED WOLFD 19 39 Parket Registrar.	(Signed) Daniel Leo Finucare M. O. (Address) Children's Saw, I law Dale ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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10.—The month and year the deceased last worked at the occupation. 11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II			
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage DEC 4	July 5,1927	Peritonitis	3 days ago		
1 20223	August III				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEATH	93 0	7) -
	County Orince Georges	Registration Dist. No.) —
	Village or City Upper Marloro (If Length of residence in city or town where deeth occurred 12 yrs, mos	No. St., death occurred in a hospital or institution, give its NAME instead of street and nuds. How long in U.S. if of foreign birth? 49 yrs. 2 mos	Ward
2	(a) Residence: No. Up per marlbons ma	If U. S. Veteran, specify WAR	
	(Usual place of abode)	If nonresident give city or town and S	tate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
0	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ternale White Married	21. DATE OF DEATH Nov 17 (Month) (Day)	193 7 (Year)
5e.	If married, widowed, or divorced HUSBAND of C. M. Shrewshury	22. I HEREBY CERTIFY. That I attended do	eceased from
-	DATE OF BIRTH (month, day, and year) april 30 1880		death is said
7.	AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the dete steted above, at 11:15 P.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
	8. Trede, profession, or particular	were as follows:	Date of onset
TION	kind of work done, as SPINNER, Thousewife SAWYER, BOOKKEEPER, etc.	Cerebral hemorrhage	NW14193
CCUPA	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	0	
00	10. Dete deceased last worked at this occupation (month and N × 1430 spent in this occupation 20		
12.	BIRTHPLACE (city or town)	Other Contributory Causes of Importence: Sun acute alomerular neglirita	1930 (Hulay)
ER	13. NAME William Ginchbeck		
FATH	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Sab. exam. Was there an au	N/ -
2	15. MAIDEN NAME A GIPTION CON alian		topsy?_IX_O
MOTHE	16. BIRTHPLACE (city or town) (State or country) England.	23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17.	INFORMANT M. J.C. M. OShrewshing (Address) Us Ger Marllyns Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	CE.
18.	BURIAL CREMATION OF REMOVAL Mare 1/20 1937	Manner of Injury	
19.	UNDERTAKER Fitchel Orothela find,"	24. Wes disease or injury in any way related to occupation of deceased?	No
20.	FILED NOV 19, 370 Confinally	(Signed) Color State Charles State S	D.C.

V. S. No. 1

should state

of OCCUPA.

Exact statement

D. Every item of infor-

UNFADING INK-THIS IS A PERMANENT REC

FOR BINDING

MARGIN RESERVED

stated EXACTLY.

AGE should be

NUSE OF DEATH in plain terms, so that it may

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
1					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12134
1. PLACE OF DEATH	
County France Joseph	Registration Dist. No. 252
Village or City to anville	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Aurana	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH S (Say) (Sag) (Sag)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) RSV 18. 1937	, 19 , to , 19 , 19
6. OATE OF BIRTH (month, day, and year) 7. AGE Yaars Ronths Days If LESS than	to have occurred on the date stated above, at
Still your 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	wara as follows: Date of oncet
SAWYER, BOOKKEEPER, atc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date dacasad last worked at this occupation (month end spent in this securation (month end spent in this	Hall oon
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	9-4-
U 10. Date dacaasad last workad at 11. Totel tima (yaars)	ly physican un
O this occupation (month end spent in this occupation	allengen
12. BIRTHPLACE (city or town) / lavangole	Other Contributory Causes of Importance:
(State or country) Auditud	,
13. NAME legicals gratheles former	
13. NAME legisla grathe for the state of the	Name of operation
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Well Seneta How	23. If daath was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accidant, suicide, or homicide?0ata of Injury, 19
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT liquid brally truly on (Address)	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL 9 1 22 7 7	Mennar of Injury
Place Bate WV Lf 1937	Natura of Injury
19. UNDERTAKER (Address)	24. Was disaasa or injury In any way related to occupation of decaasad?
20. FILEO WW 22-1937) A Bust furth Registrar.	(Signed) Surface to the Control (Address) Land Control (Address)
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
S. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state JRD. Every item of infor-MARGIN RESERVED FOR BINDING

UNFADING INK-THIS IS A PERMANENT RY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate. -WRITE PL

STATE	OF	MARYL	AND-	CERTIE	CATE	OF	DEATI
SIMIL	OI	MALIF	AIND.	CLIVIII	ICHIL	OI	DLAII

1. PLACE OF DEATH	
County Prince George C	Registration Dist. No. 235
Village or City Oxon Hill.	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Premature Smith	If U. S. Veteran, specify WAR
(a) Residence: No. Quacastate (Wasal place of abode)	St., Ward. Kon Hill Mid If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH (Menth) (Dev) (Year)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Premalure 2 lb. report	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, end yeer) Nov / 1937	I last saw h. Rr alive on Nov. 1937; death is said
7. AGE Yeers Months Oays If LESS than	to heve occurred on the date stated above, etm.
I dey, La ders.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Two pound premature
9/Industry or business in which work wes done, as SILK MILL,	Tabout 6 mouths
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased lest worked et this occupation (month end spant in this	geilation
year) oc:upetion	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Okasa Helle (State or country) Prence George Co. Md.	undenown
13. NAME Uncertain	Name of operation Dete of
(State or country)	What test confirmed diegnosis? Wes there an eu'opsy??
15. MAIDEN NAME Thelina Smith 16. BIRTHPLACE (city or town)	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country) Vruce Gearge Co.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Thelma Smith (Address) Quasa Land 144	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Oscen Arch, Date /2 1931	Nature of Injury.
19. UNDERTAKER Blanche Sunt	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Com Hill flex.	If so, specify
20. FILEO /2 , 1937 / Nor D Suffelle Registrar.	(Signed) Acad Clau Addition M. D. (Address) Blue was a DE WELL

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 0 1037	1921	Run over by street car	1 week ago	
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8012211 V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

B ż

RD. Every item of infor-

of ACCUPA-

Exact statement

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

20, FILED.

See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	
DEATH	7 de 28 8 mos de (37-2)	

12136

1	I. PLACE OF DEAT	гн	71	- A		(37-2)		- 4	1
	County Prince	e George	/ Jhre		Evere		Registration Dist	t. No. 24	0
	Village or City_Nt_	Rainier	m	2 + 1 23 3 CH	No. 3764	35th S	t e	stead of street and n	Ward
	Length of residence In cit	y or town where death	occurred	yrsmos.	ds. How lo	ong In U.S. If of fo	ralgn birth?	yrsmo	sds
2	2. FULL NAME	Sarah Catl				. 4-			
/	(a) Residence: No	3746 35tl	n St. (Usual place o		iest, Md.	Vard.	If nonresident give	e city or town and	State
	PERSONAL AN	D STATISTICA	L PARTIC	CULARS	ME	DICAL CE	RTIFICATE O	F DEATH	
	female whi	+0	SINGLE, MARR OR DIVORCED WILOW	HED, WIDOWED, (write the word) ed	21. DATE OF	DEATH	NO (Month)	(Dey)	, 193 7 (Yeer)
5a.	If married, widowed, or divor	Ged Heorge A.	Spark	S			CERTIFY.		daceased from
6.	DATE OF BIRTH (month, dey	end year) Mar	ch 18.	1871	I lest saw h			, 19 3 7	
_	AGE Years 66	Months	Days	If LESS then 1 day,hrs. ormin,			bove, et 5: \$0 end related causes o		
NOI	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none				msor	<u> </u>		Oats of onset	
OCCUPATION	work was done, es S	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					ease.		1021
000	10. Deta daceesad last work this occupetion (monyear)	th and		ne (yaers) t In this petion					
12.	BIRTHPLACE (city or town). (Stata or country)		on Co. Penna	2	Other Contributory		nca:	· - · · · · · · · · · · · · · · · · · ·	
2	13. NAME DS	vid Heffi	ner						
FATHER	14. BIRTHPLACE (city or to	wn) Fr	anklin Penn		Neme of operation.			Date of	
ER-	1					Colorado Antonio	s (VIOLENCE) fill In		
MOTH	16. BIRTHPLACE (city or to			nna •			Date		
17.	(State or country) INFORMANT Hay ((Address) 3764 3		arks				(Specify city or tow NDUSTRY, In HOME,		
18.	BURIAL, CREMATION, OR R	EMOVAL			Manner of Injury Nature of injury				
10	HADERTAKER AThe	0 816	Visa o	o Con	24. Was diseese or i	njury in any way	related to occupation	n of daceesed?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Cerebral hemorrhage DEC	July 5, 1927	Peritonitis	3 days ago
SUPEAU V. S.	- Land		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Oate of onset

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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11 a . bir 100.			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Gallstones	27,1000	G GOOD COLOR	r gear

TION is very important. See instructions on back of certificate.

supplied.

mation should be carefully

-WRITE PL

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	157-0
County James Junge	Registration Dist. No. 239
Village or City January	No. 2-21 9-54 St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign blrth?
2. FULL NAME horman Jucke	
(a) Residence: No. 224	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED. (write the word)	21. DATE OF DEATH 7 193. 7
5a. If married, widowad, or divorcad	(Month) (Day) (Yéar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attanded daceased from
51. 163.7	199/, to No 1, 199/
6. DATE OF BIRTH (month, day, and year)	l last saw h alive on 19 ; death is said
7. AGE Years Months Days If LESS then I day,/hrs ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hast (157-10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	7-7-4
10. Date deceased last worked at this occupation (month end year)	
12. BIRTIIPLACE (city or town) Janual Mid (State or country)	Other Contributory Causes of Importance: Loude live attempt at double
E 13. NAME homan andrew Juchen	in hout I sternat 1157-a
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? And Jan Was there an au'opsy?
15. MAIDEN NAME hamonic fugnica hous	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME homonic fuginia house 16. BIRTHPLACE (city or town) leading fugina (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Hatter	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OFEMATION, OR REMOVAL PIECE STATE Date No. 7 193	Menner of Injury
19. UNDERTAKER Norman a Tucker farher)	24. Was disease or injury in any way related to occupation of deceased?
20 FILEMOS 2 1957 M. Brashears	(Signed) Watert I'm Coney M. D.
FICE Registrar.	(Addrass) Attitude Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOTAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PL

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	-		(8)
County hadhown			Registration Dist. No. 2 1
Village or City My Insu	n	(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred	_yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME			If U. S. Veteran, specify WAR
(a) Residence: No.			St., Ward.
	(Usual place of a	bode)	If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIE OR DIVORCED (1	D, WIDOWED, write the word)	21. DATE OF DEATH
if married, widowed, or divorcad	Telus		(Month) (Day) (Year)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended deceased from
Paradasi			, 19, to, 19
. DATE OF BIRTH (month, day, and year)	ov. 6.19	737	I last saw h; daath is sai
. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
		ormin.	The PRINCIPAL CAUSE OF DEATH and raleted causes of importance ware as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc			Tehno about 4/2 mos.
9. industry or business in which			Land Day (Rank)
kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, atc			Marc 6 1937
10. Date deceased last worked at this occupation (month and year)	10. Date deceased last worked at this occupation (month and spent in this		-Krwag
2. BIRTHPLACE (city or town) (State or country)	nown		Other Contributory Causes of importance:
1			
2	11		Name of operation
(Stata or country)	Anown		What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME			23. if daeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury19
(State or country)			Whera did injury occur?(Specify city or town, county and State)
7. INFORMANT			Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)			
18. BURIAL, CREMATION, OR REMOVAL Place Bladen Level M. L. Date Not 8 - 1937.		8 . 1037	Mannar of Injury
() of	1	Ø••••, 13 ₩./	Neture of injury A Aleel A Parting P
9. UNDERTAKER T. Gascha. (Address)	June		24. Was disease of injury in any way related to occupation of deceased?
The state of the s	- In A	aid-	if so, specify (Signed) Malanes M.
0. FILED 200 (195/ CS)	receasing	Registrar.	(Signed) Fratherile M.
If more	blanks are needed adde.		2411 N. Charles Street, Baltimore, Requesting U. S. No. h.

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11.—The number of years the deceased followed the occupation.

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	Example II	7,5
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		* {*P-7};
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	2140
1. PLACE OF DEATH	0.	9	
County Prince	Legral	Registration Dist. No.	5
Village or City / Syatts	ville	No. 44 arunale st.	Ward
Locath of social control sides and a second		f death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city or town where deat	h occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsm	10sds.
2. FULL NAME Chilly	hours whi		
(a) Residence: No. 44 W	(Usual place of abode)	St., Ward.	1 C
PERSONAL AND STATISTICA		If nonresident give city or town and	a State
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Hemale white	OR DIVORCED (wrist the word)	nov 14-	, 193 7
5a. If married, widowed, or divorced HUSBAND of	7	- (Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased from
(0)	h. 11 1021	Nov 4 - ,1937 , to Nov 14	, 193.7
6. DATE OF BIRTH (month, day, and year)	4- 1939	. 10 0	; death is said
7. AGE Yeers Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at / M_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	/ O 1 day,min.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc			
9 Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc		Broughs- premining	11-12-3
- this occupation (month and	11. Totel time (years) spent in this		
year)	occupation	Dther Coatributory Causes of importance;	
12. BIRTHPLACE (city or town) Was con-	Jars. Sanstern		
(State or country)	1104	Jertusses	11-4-9
14. BIRTHPLACE (city or town)	my Of lute		
14. BIRTHPLACE (city or town) - Harra	sonburg	Name of operation Date of	
(State of country)	. 20	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Engly for	u zloom	23. If death was due to external causes (VIDL ENCE) fill in also the followin	-
O 16. BIRTHPLACE (city or town) (State or country)	ent city y	Accident, suicide, or homicide? Date of injury	, 19
(State of County)	00-	Where did injury occur? (Specify city or town, county and Sta	ile)
17. INFORMANT Wary Forelle (Address)	Juneous	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE.
18. BURIAL, CREMATION, DR REMOVAL	the full	Manner of injury	
Place Baltimore, M.	Date 7/04.10 198/	Nature of injury	
N. Mr PRank	411 Poor.		1/4
19. UNDERTAKER (Address) G. 1 Cereland	a Riverdal M.	24. Was disease or injury in any wey related to occupation of deceased?	
may if any May	80000	(Signed) SPANCONNESS	M D
20. FILED 1201. / 3 ., 197 108.	Registrar.	(Address) 3100-204 NE	06,
If more blan		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		DEC.	
		1.3 1937	
Other contributory causes of importance:		Other contributory causes of importance:	fm all
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Marken Co. — Pure League Co. Registration Dist. No. Village or City Jakona Park. No. 35 Flower St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs, mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME FRANK ALBERT WHITE (a) Residence: No. 36 Flower and Jakona Registration Dist. No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
Village or City Jakonia Paric No. 35 Flavor and St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs, mos. ds. How long In U.S. if of foreign birth? yrs, mos. ds. 2. FULL NAME FRANK ALBERT WHITE (a) Residence: No. 3 6 Flavor and Jakonia Alberta State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 14. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred
Length of residence In city or town where death occurredyrsmosds. How long In U.S. if of foreign birth?yrsmosds. 2. FULL NAME FRANK ALBERT WHITE (a) Residence: No. 3 5 Flower can Jakonast, PK Model. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
2. FULL NAME FRANK ALBERT WHITE (a) Residence: No. 3 & Hower and Takonat, PK Model. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
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(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
male whele OR DIVORCED (write the word) November 3, 1937 (Year)
5e. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTLEY. Thet ! ettended deceased from
(or) WIFE of Lebra At. Mele Delaler 1934, to howmber 8, 1937.
6. DATE OF BIRTH (month, day, and year) June 7-1866 last saw h.l.M. elive on
7. AGE Yeers Months Days If LESS than to have occurred on the date stated above, at 2.1.4 m.
Oatepionset
8. Treda, profession, or particular kind of work done, as SPINNER Celebral Layrel Carolina Children Celebral Layrel
A Industry or business in which
work was done, es SILK MILL, SAW MILL, BANK, etc
Other Contributory Causes of Importenca:
12. BIRTHPLACE (city or town) (State or country) (State or country)
14. BIRTHPLACE (city or town) Verte of Verte or Operation Verte or Ope
15. MAIOEN NAME (VIOLENCE) fill in also the following:
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Oete of Injury
(State or country) Where did injury occur? (Specify city or town, county and State)
17. INFORMANT/Was, Legisla & North Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 36 3 Cover and Control of the Contro
18. BURIAL, CPEMATION, OR REMOVAL AS Manner of injury
Place Cash Cash Control of Injury Neture of Injury
19. UNOERTAKER . W. Chamber 24. Was disease or Injury in any wey related to occupation of deceased?
(Addrass) 190 Chaputa 1.W Was DC If so, specify (Signed) W. M. A. D. Marrows M. O.
20. FILEO 1 2. Carroll st Jahona (B. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1937 N			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones - Williams	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis 7 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Distance glat 7 3/4 lbs. 120 at Rueun w/8/2
of 18. weight at pleath 5 los mattended
afterthe the delivery to made of

WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1770)	
County Prince Georges	Registration Dist. No. 245	
Village or City Hyattsville,	No. 32 Oakwood Rd. St., Ward	
	If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of rasidence in city or town where daath occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME ADAM CYRUS YINGST.	If U. S. Veteran, specify WAR	
(a) Residence: No. 32 Oakwood Rd.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH November (Month) 8 (Day) (Yen)	
5a. If marriad, widowed, or divorced HUSBAND of Kate & Berbe	22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year)	Orta 15	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.	
72 1 day,hrs	THE RIVER AL CAUSE OF BEATH and related Causes of Importance	
9 Trade profession or particular	Bronchial Incumoria ; preceded	
SAWYER, BOOKKEPER, etc. Betired.	- by a Lambitis of long standing	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	out of any of	
S. Hade, profession, or participated. SAWYER, BOOKKEEPER, etc Retired. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data decaased last worked at this occupation (month and year) year) OCUPATION OF THE PROFESSION		
12. BIRTHPLACE (city or town) Pa. (State or country)	Other Contributory Causes of Importance: - Other Contributory Causes of Importance: - Other Contributory Causes of Importance:	
	- asghteen days.	
13. NAME Cyrus Yingst. 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town) Pe- (Stata or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Lydia Kingst.	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Lydia Yingst. 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?	
(Stata or country) Pa.	Whera did Injury occur?(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
17. INFORMANT Mrs. Miller. daughter (Address) 32 Oakwood Rd.		
18. BURIAL, CREMATION, OR REMOVAL Place Washington, D. C. Date Nov. 8, 1937	Manner of Injury	
Place	Nature of injury	
19. UNDERTAKER Martin W. Hyong (a (Addrass) I300 N. N. W. Washington D	24. Was disease or injury in any way related to occupation of dacaased?	
20, FILED NOV. 8", 193) Mrs. Jas Severe	(Signad) RADennita M.D. (Address) Riverdale Md	
If more blames de needed address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year
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